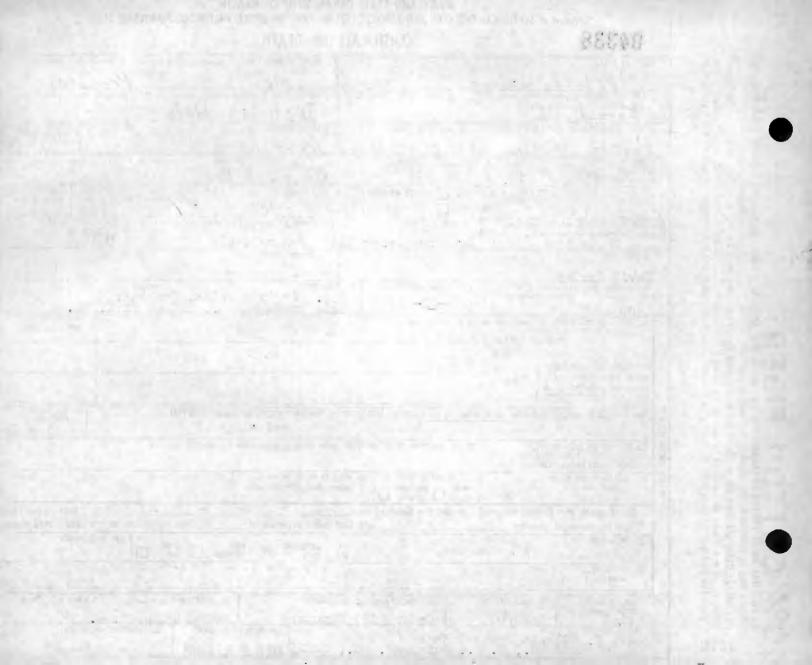
tatil the least the second of - AUT | NE to special a main Forether water short THE SHIELD SHEET STREET and the second of the second o Dietro I of-ree Total and the second se TOTAL SALES TO THE STATE OF THE SALES AS A SALES AS The state of the s - Control of the Administration of the Control of t The second secon

3	- 1	1		01 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1 2 1		04338 CERTIFICAT	TE OF DEATH 04330
	within 24 haurs after death. lely filled in by the funeral rban papers.—Rages 1 and 2, within/2 haurs after death.		1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY
	fur fur s l		Prince George MARYLAND	Md. Pr. Geo.
	naurs after by the fur s.—Pages 1 haurs after		b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give néorest town)
	haurs in by ksP	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS ON A FARM?
	equires that the death certificate be executed within 24 hr physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban papers: burial, cremation, ar remaval, and in any event, within/72 h	PA	Peacot Nursing Center	6628 Ronald Rd. YES NO NA FARM?
	campletely fi	11	3. NAME OF First Middle DECEASED . A C	Farley DEATH 3 25 19 69
		6	(Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	skd cam remove	1	male Cay, WIDOWED DIVORCED	3-7-78 (ast birthdoy) Manths Doys Hours Min.
	be ex		10o, USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	physician physician ren please raval, and i		Fainter Interior Decorat	ing Pennsylvania USA
	physen process			
	ing Th	-	David Farley  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	- Crocker - INFORMANT Address
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and cample e 3 shauld be detached for use as the burial-transit permit. Then please remove called with the State Dept. af Health prior to burial, cremation, ar remayal, and in any event		(Yes, na, or unknown) (If yes give wor ar dates at service) 579-Q1-2577A	Mrs. Virginia Walls. Daughter 8216 Roancke Ave., Takoma Park, Md.
	the a sit pe		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	that than the by the transit cremat		4/23 IMMEDIATE CAUSE (a) DUE TO CINTERNOSI CON	
. 10	equires the physician. signed by burial-trar burial, cre		Conditions, if any, which gave ) (b)	etre Acare Messe
			rise to immediate couse (o), Stoting the underlying cause DUE TO	
	law ndin bee bee ior t		last. (c)	
	JAN: The law rereading I ficate has been s far use as the far use to the I Health prior to be	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES NO [60]?
	AN: of ar icate far u	4	200. ACCIDENT WAS UNDERLYING   200. ACCIDENT WAS UNDERLYING   200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING CLAUSE OF DEATH  OF ENTIRE DINTER PROPERLY EXAMINED.	D. (Enter noture of injury in Port I or Port II of item I.B.)
	rspit aspit certif hed it. of		OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	OR ATTENDING PHYSICIAN: The law rebe retained by the haspital ar attending DIRECTOR: After this certificate has been je 3 shauld be detached far use as the led with the State Dept. af Health prior tal		A Hour a.m. While - Not While - to	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) (City or town) (Caunty) (Stote)
	by the free be compared by the		21. I certify that (I) (this hospital) attended the deceased fram_	4 - 1 - , 1966, to 3 - 25 - , 1967 that (I) (we) lost
	R: A		saw the deceased alive on19, and the	nat deoth occurred ofM, fram couses and an the date stated obave.
	A September 1		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	DIRE Bedy	/	20 200000000000000000000000000000000000	M.D. PHYS. DIRECTOR LI PHYS. LI  22d. ADDRESS 74-20 MARLBORO PINE
	RAL Poor	-	22c. PHYSICIAN'S NAME (Type) OLIVER . B. BOVD	TORESTANCE UND 2002P
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law r Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta	1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	Pog G		Burial 3/28/69 Cedar Hill	Cometery Washington, D. C.
-	VR A15 (4)	W.	Robert E. Wilhelm Funeral Home 4308 Suitland Rd., S. E., Suitland, Md.	250. REC'D BY REGISTRAR 25b. RÉGISTRAR'S SIGNATURE
	20 M 1/66	311	4308 Suitland Rd., S. E., Suitland, Md.	, 20023 MAR 2 8 1969 William & Judge



16828 THE ROTE COR THERE . LOS TO BEEN ADDRESS. Andrews arrested to the many of the arrest that the Trues ha parinterial in 0 6 8

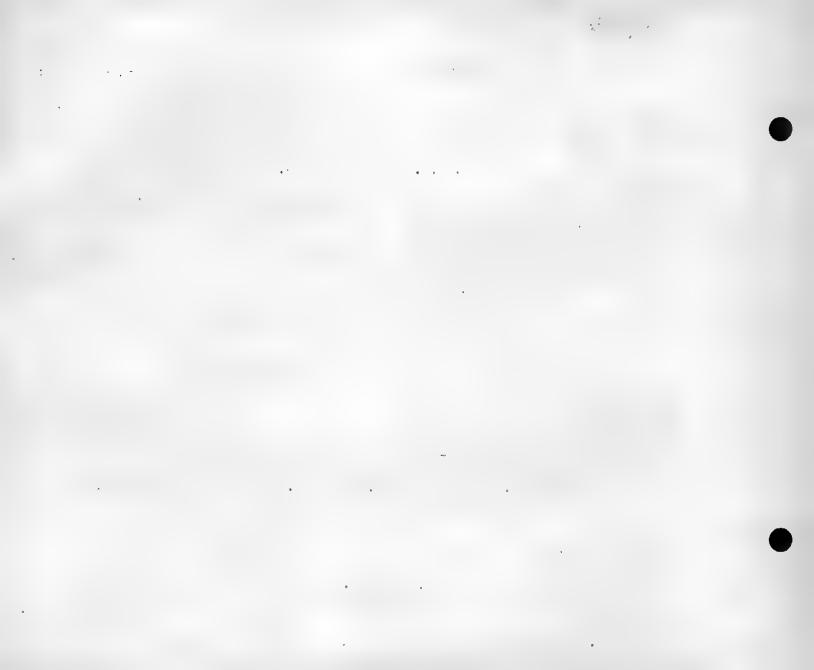
143.40 Address Address Andress en wer bein in die in de dernicher. Te The state of the s 4.5 IS VENEZINE Constitution of the second AND THE PROPERTY OF THE PARTY O BE 1 - 201-

2-1-	tems13,17 /2/69 kk	043	DIVISION OF V			ESTON STREET, BAI ATE OF DEATH		ARYLAND 21	201	043	33
	DECEASED-NAME (Type or print)	First Will	liam	Middle John	r	lost C <b>ierstein</b> si	20. DATE (	of DEATH arch Month	1809	<b>19</b> 69	26. HOUR 8:40 Am
3.	Male		4. RACE W	hite	5	Dec 28,	1896	6. AGE (In yellost bythdo	ears (y) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70.	BIRTHPLACE (State or untry) Washing	foreign 7	C US		WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY C	of DEATH George	's		Md.
	Cheverly	7	give Ste	of Hospital or INS et address) rince Geo	rge's (	Gen. Hosp	UAL OCCUPATION Most of working Retired	N (Kind of wor ng life, even if re Blde I	k done etired.)	12b. KIND OF B INDUSTRY	G. Co.
adı		Where deceosed Md	lived, if institution	Residence before	Bladens	own 13d, Inside CIT	NO   131.	Speet and num ,02/53rd	BER P	Lace	
14.	FATHER'S NAME	First Willia	Middle m J. Fier	last stein	15.	MOTHER'S MAIDEN NAME Albert	First tina La:		iddle		Last
16	a. WAS DECEASED EVE Yes, no, or unknown)	IN U.S. ARME	D FORCES? 16	b. SOCIAL SECURITY N	06 Dell	grmant Dina S Fiel			ldress n <b>sbu</b>		VIE INVERVAL
	Conditions, if any, rise to immediate stating the under last.	which gave couse (o), ying cause	DUE TO, OR AS (c)	A CONSEQUENCE OF	voc	levoti		sert.	de	2000	٩
CERTIFICATION	Co	ler	MOITION FOR WHICH	rorle	ح س	20a. AUTOPSY? YES NO [	2Db.	Yui	su	ffice ONSIDERED IN CER S	CTIFYING)
MEDICAL CER	OR CONTRIBUTING [ (If either, notify m 23d. INJURY OCCUP While Nat whi	CAUSE OF DEATH edical examine	HOUR A.M.	Month Doy Year		W INJURY OCCURRED (En		jury in Part 1 or	Port 2,	County	State
	22a. I certify to saw the discourses sto	hat (I) (this	haspital) attender on (did) (d	ded the decease id nat) view the l	ed from 969, and bady after de	965, 19 that in (my) (aur) a eath.	, ta_ pinion death	occurred an			(I) (we) fast nd fram the
	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	Don	B Comedy	Cameron	DEGRE	E ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR  Mt Ra	STAFF PHYS.	1 3 Me	DATE SIGNED - 19-0	59
23	a. 8URIAL, CREMATION REMOVAL (Specify) Burial	, 23b. DA		23c. NAME OF		emetery	Colma	TION (City or Tov	c P	(County)	(State) Md.
24	FUNERAL DIRECTOR	Gasch'	s Soins Hy	attsville	e, Md.		8Y REGISTRAR			SIGNATURE	Lan

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FOR STATE	04342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	)4334
HEALTH DEPT.	I DECEASED NAME First Middle lost 2: DATE (MONANIC) Month Do	
	(Type ar Print)	
ny deloy is 2, and 3 to PM3 Page poetment of	John Michael Finnegan DEATH MAILD 3-27-6	69 1911: 20am
Any deloy 22, and 3 to PM3 Pog	lost birthday) MONTHS DAYS HOURS Mith Month Day	Venr
2, 2	Male White 21 April 1955 13 YRS 3 27 69  To BIRTHPLACE (Stote or foreign 75 (IT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	7 19 12 30 pri
- E E	(ountry) Novy Vonts	
be executed within 24 hours after deathny deloy is _"pending" in pencil_na_tem 18. Give Poges 1, 2, and 3 to nief Medicol Examiner's Office along with form PM3 Poge unsitermit File pages_Lond 2 with the State_Department of event within 72 hours ofter death.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 12a USUAL OCCUPATION (Kind of work done 12b	MIND OF BUSINESS OF
S tive S	I divine etent address 1 (ME)	DUSTRY
ive gr h th h.	Cheverly Penna R. Tracks Post 129 4 Student  130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	school
olor olor with		_
Utem 18. Gi Office olong office olong Jand 2 with offer death.		
章年 7 年 4	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MADEN NAME First Middle  John Edward Finnegan sr Lose Marie Galbo	£0\$ <sup>†</sup>
poges hours		
commers Office to pages Jand 2 72 hours offer s	The state of the s	sville, Md.
Exam Exam File 7.2	<b>10</b>	
"pending" in hief Medicol E. ansit Eermit F. event within	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY:  The first of the course per line for (a), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
Medical  Retroit  within	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Total injuries	
W W	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gave ) (b) (b)	
tats, verting the word be forwarded to the Cl	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
burial-transit	lost (c)	
to execute the certificate, writing the word "pending" in pencium- tar Page 4 should be forwarded to the Chief Medical Examiner's ad for your files.  CTOR: Page 3 should be used as a burial-transit mermit file pages.  burial, cremation, or remayal, and in any event within 72 hours.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
vard ed o val.	190 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION WAS PERFORMED?	20 ALTOPSY?
be used	WAS PERFORMED?	YES NO
and I be	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
oulo n, o	PRIMARY OF CONTRIBLTING 11:20am 3-27- 19 69 Pedestrian struck by train	10.7
fles 3 should t	1 ₹ 121d INJJRY OCCURRED 121e PLACE OF INJURY /At home form street 121f IOCATION Street or R. F.D. No. City or Toyon 4	County State
	WHITE WORK AT WORK AT WORK Penna. Railroad Tracks, Post 129.4. Prince George County,	Montal and
R: Pog		
etained for your DIRECTOR: Page or to buriel, crem	220   certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	
Bar G	death resulted from: Notaral couses , Arcident , Suicide , Hamicide . Undetermined manner	
I director Page retained for you. Director Page or to burial, cre	ACTUAL CHIEF MEDICAL EXAMINER C	
y, preuse real direction of retains the training the training the training training the training train	SIGNATURE	
	[ CARMINEX ) /	28-69
the fun 5 may 10 FUNE Health	NAME (Type) John Kehoe MD Riverdale, F.d. ADDRESS(Street, city, town, or county)	
5 D H	230 BURIA, CREMATION   23b DATE   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (Construction of Control of Contro	oe N. Y.
	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR S SIGN	NATURE
VR A15ME (5)	F. Gasch's Sons Hyattsville, Md. DALAPR 1 1969	· Oce to a

MAKYLAND STATE DEPARTMENT OF HEALTH





				MAKYLA	MN 21VIF I	DEPAKIMENT OF	HEALII	H		
			1	DIVISION OF VITAL RECORD				, MARYLAND 21201	0433	3 6
		04344			CERTIFIC	ATE OF DEATH				
Ī		EASED NAME	First	Middle		Last	2a D/	ATE OF DEATH		26. HOUR P
П	(IY	pe or pnnt)	Mar	y J.	Fr	eeman		March 2, 1969	Year	10:05M
3	SE)			4. RACE		S. DATE OF BIRTH		6 AGE (In years last birthday)	F JINDER 1 YEAR MONTHS   QAYS	IF UNDER 24 HRS. HOURS M N.
		Female		White		10/7/84		84 YRS	MONING WAYS	mous mm.
7	a Bi	RTHPLACE (State or foreign	n 7	b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 COUN	TY OF DEATH		
L		///		U.S.A.	W-DOWED [			ince George's		Md
1		TY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR	INSTITUTION (If no	t in hospital 12a LS		ATION (Kind of work done orking ife, even if retired )	126. KIND OF I	BUSINESS OR
L		Cheverly		Prince Geor		Herar R	fire!	277	US	Goot
1	30. l idmis	ISLAL RESIDENCE (Where of STATE Maryla	deceased 	I lived, if institution Residence before Prince Georges	1	NAME OF		3900 37th Plac	0.0	
E	_		and		Brent	wood   -			re	
1	4. FA	THERS NAME First		Middle Last	112	MOTHER'S MAIDEN NAME	FIRST	Middle	. /	Last
ŀ	160	WAS DECEASED EVER IN L		D FORCES? TIGHT SECURI	TYNO III IN	IFORMANT		Address	MIN	Rick.
Г				or dotes of service)		ALLEW- FRANKI	0.0165.	1) 5 13 Pagel	SRUCK R	gack
F	Т	IR CAUSE OF DEATH (FIN	4-6-6-	ane cause per line far (a), (b), and		THEREXIES	AN CC	CO SOVER SINO		MATE INTERVAL
ı		PART I DEATH WAS	CAUSED (	BY: Maccine T		ebral Hemor	orhage		BETWEEN OF	HTA3D DNA T32NG
П		41 x d.	MEDIATE	DUE TO, OR AS A CONSEQUENCE				Cardiomegaly		
П		Candit ans, if any, which				lio Vascular	Dise	ease with mark	ed-	
П		rise to immediate couse stating the underlying c		DUE TO, OR AS A CONSEQUENCE						
ı	-	ost one one one	1	(c) Generaliz	ed Arter	io-Sclerosi	is, Se	evere		
ı		PART 2. OTHER SIGNIFICAL	NT COND	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE O	R CONDITION	N GIVEN IN PART I(0)		
l	₹.		· · · · · · · · · · · · · · · · · · ·							ZD T. BUILD
l	2	190. DATE OF OPERATION	195 €0	ONDITION FOR WHICH OPERATION WAS	PERFORMED	200 AUTOPSY?		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CE	ERTIFYING
	CERTIFICATION	21a ACCIDENT WAS UND	FRITING	216 TIME OF INJURY	21, 40	YES NO		of injury in Part 1 or Part 2, It	tom 101	
		OR CONTRIBUTING CAUSE	OF OEATH	HOUR A.M. Month Doy Ye	ar	IN INDOKT OCCURRED (EF	ner nature i	or injury in ruff I ar Patt 2, It	ent 10.)	
	₹Γ	If either, natify medical of			19 FACTORY, 1 216 LOS	CATION Street or P # D	Na	City or Town	County	Stote
1	- 1	While Not while		LACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.				<i>'</i>	,	
	1	22a   certify that	) (\$buc	-hospital) attended the dece	sed from	3/1 19	691	0 3/2 196	of that	(1) (we) last
		saw the deceas	ed aliv	-hospital) attended the dece ve an	196 7 and	that in (my) (our) o	pinian de	eath accurred an the dat	e and hour	and from the
	- 10-		beve_	(did fald not) view th	e body ofter d	eath.				
		226 SIGNATURE	2-2-2-4	· X ( Vines	AL DECOM	ZATENDING 4	-MED	STAFF -	ATE SIGNED	9
	-	22d. PHYSICIAN'S		0	DEGRE	22e. ADDRESS	DIRECTOR	LI PHYS LI 3	10	
			neau	, Norman D., M.I	).		y St.	, Mt.Rainier,	Md.	
1	230		23b. DA	<del>†</del>	OF CEMETERY OR			OCATION (City or Town)	(County)	(State)
	0	BURIAL, (REMATION, REMOVAL (Specify)	3 -	3-1969 Fort	Lincol	Po Carmato	_ /	Colman Ma	mine.	ME
		UNERAL DIRECTOR	_	ADDR		2Sa RECE	D BY REG ST		SIGNATURE	1.05
	11	allowing to	10111	and flower mil	fal down	MC DATE MA	AR 6	1969	They were	7

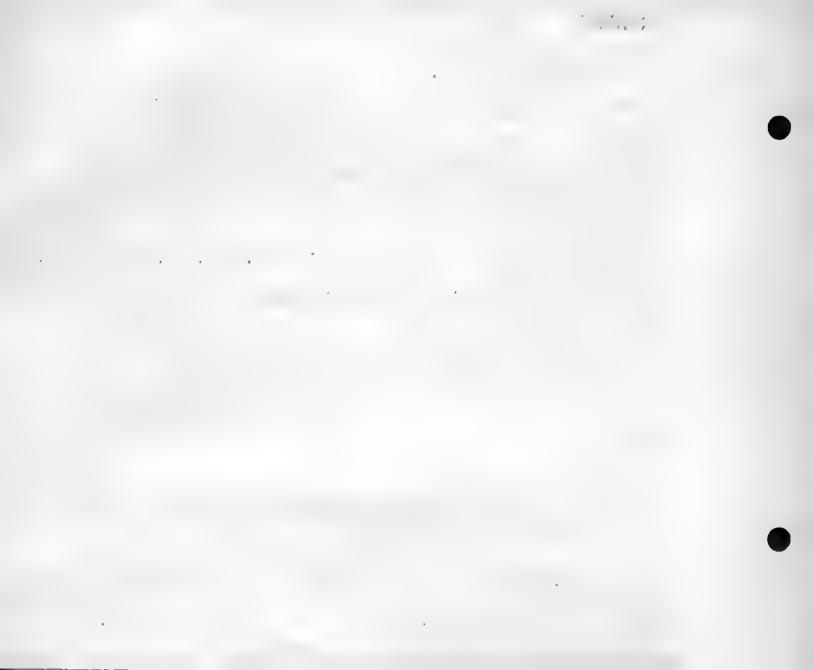


		STATE DEPARTMENT OF HEAL		
F		OI W. PRESTON STREET, BALTIMOR ERTIFICATE OF DEATH	(C., MARTLAND 21201	4338
£ 55£/	1. DECEASED-NAME First Middle (Type or print) George A.		DATE OF DEATH Month Day 7 0	2b. HOUR
- F			March 7, 19	
age of the second	3. SEX 4 RACE White	5. DATE OF BIRTH 8/01/87	6 AGE (In years IF UNDER ACE IN THE MONETHS ACE IN	
by aurs	70 B RTHPLACE (Stote or foreign   7b CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED 9 CO	UNTY OF DEATH	
d in ders 72 h	country) Balto Md U.S.A.	WIDOWED DIVORCED I	Prince George's	Md
within San pan pan within	Cheverly  II NAME OF HOSPITAL OR INST			KIND OF BUSINESS OR USTRY
amplete	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Haryland Prince George's	13c CITY OR TOWN 13d INSIDE CITY JIMITS?  Cheverly YES NO	13e STREET AND NUMBER 6200 Lumbard St.	
ate be executed within 24 not identified in lease remove carbon papers, and in any event, within 72 h	14 FATHER'S NAME First Middle Lost Thomas L. German	IS MOTHER'S MAIDEN NAME First Alice Lou	Middle is	Lost
physician physician en pleas aval, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown]   18 yes give war ar dates of service)   216 05 49	54 7. INFORMANT Annette Frey 62	200 Lombard Chever	ly Md
e death a attending mermit. Th	18 CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (c)  DUE TO, OR AS O CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a).	ina of the	ar .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the law requires that the attending physician. has been signed by the se as the burial-transir it priar to burial, cremating.	stating the underlying cause (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
AN: The law re of or attending trace has been for use as the Health priar ta	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER 21d ACCIDENT WAS UNDERLYING 21b TIME OF INJURY GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	YES NO.	CAUSES OF DEATH?  re of injury in Port 1 or Port 2, Item 1B	)
S PHYSICIAN: the haspital or this certificate detached far u e Dept. af Heali	(If either, notify medical examiner) P.M. 19 21d. N.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTI While Not while 6	DRY) 21f LOCATION Street or RFD No.	Gity or Town Count	ly State
ING by th fter t fter t state	22a. I certify that (I) EMSCRESSIVE cuttended the deceased saw the deceased alive an	, 19. , and wat in (my) (必许 apinian ad/ after death.	death accurred an the date and	
	22b. SIGNATURE  22d PHYS CHAYS NAME (Type)  Barry Rosenburg, M. I	DEGREE ATTENDING MED DIRECTOR  22e ADDRESS	OR STAFF   22c DATE SIG	int D
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be fit	REMOVAL (Specify) 3/10/69 Parkwo	od Cemetery	LOCATION (City or Town) (Coun Baltimore, Mary)	land
VR A15 VE	24. FUNERAL DIRECTOR ADDRESS	25g REC'D BY REG	1969 256 REGISTRAR & SIGNAL	URENTE



	04347	DIVISION OF			TON STREET, BATE		RYLAND 2120	0433	9
1	DECEASED-NAME FO	irst	Middle		Last	20 DATE C	11 .1	Day Year	2b HOUR
		Violet	M		ffre	Mar	CU	22, 1969	1:45Am
3.	SEX	4. RACE		1	04-16-21		6. AGE (In years last birthagy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70	Female  BIRIHPLACE (State or foreign	7b. CITIZEN OF WH		, , ,		9. COUNTY O		YRS.	
60	Maryland	USA	AI COUNTRIT	WIDOWED XX	NEVER MARRIED DIVORCED		George's		u i
10	CITY OR TOWN OF DEATH	III NA	ME OF HOSPITAL OR IN	u tea 11) MOLTUTITZ	baspital 12a U		N (Kind of work o		BUSINESS OR
L	Cheverly	give st Pri:	reet address) nce Georg	e's Gen.	Hosp.	mast of warkin	g life, even if setis	ed.) INDUSTRY	
	a USUAL RESIDENCE (Where dec mission) STATE MD	eased lived, if institution	an Residence befare George's	13c. CITY OR TO	WN T3d INSIDE CIT	_	TREET AND NUMBER	R mell Drive	
14	FATHER S NAME First	Middle	Lost		OTHER'S MAIDEN NAME		Mide		Last
	Henry Moore		m 2**	1.5	Frances G				
10	O WAS DECEASED EVER IN HIS	ARMED FORCES?	166 SOCIAL SECURITY	NO. 13- INFO			Addre	ess	
	Yes, na ar unknawn) (Hyes #	ive war or dates of service)		560	3 Alice Av	e., Apt	. 100, 0	xon Hill,	Md.2919
	18 CAUSE OF DEATH (Enter	anly ane cause per lin	e far (a), (b), and (c)	)				APPROXI	MATE INTERVAL NISET AND DEATH
Г	PART I, DEATH WAS CAL	EDIATE CAUSE (a) Ma	ssive lef	t cerebr	al hemorrh	nage			
	43,1		S A CONSEQUENCE OF					j	
П	Canditions, if any which go rise to immediate cause (c	1) [ [0]							
П	stating the underlying caus		S A CONSEQUENCE OF					ļ	
L	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	INC TO DEATH BUT A	INT PERATED TO TE	E TERMINAL DICCACE O	PCONDITION CIV	Chi INI DADT 1(a)	<u> </u>	
1.		COMDITIONS CONTRIBUT	INO TO DEATH BUT A	IOI KEDATED IO II	E EKIMINAL DISEASE O	K CONDITION OIL	EN IN PART ((d)		
CEDISERFATION	19a. DATE OF OPERATION 1	9b CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?			NGS CONSIDERED IN C	ERTIFYING
TSEEF					YES 🛃 NO	CAUSI	S OF DEATH?		
950	21a. ACCIDENT WAS UNDERL			21c HOW	INJURY OCCURRED (Er	eter nature of inj	ury in Part 1 or Pa	art 2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF	aminer) P.M.	Month Day Year	9					
AAC		TE PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	CTORY ) 21f. LOCAT	ON Street or R.F.D.	Na Cit	y ar Tawn	County	State
	at work at work						A 7010		
	22a. I certify that (1) saw the deceased	(this haspital) afte	nded the deceas	ed fram 3	3/20, 19	_by_, to_	occurred on the	, 19 09 , tho	(I) (we) last
	couses stoted abo	ove, (I) (we) (did) (	did not) view the	body after dec	th.	יףיווטיו <b>טפ</b> טווו	octoned out II	ie dois and uant	VIII HVIII HIE
	22b SIGNATURE	Your	7)		ATTENDING -	MED	STAFF	22c. DATE SIGNED	
	C		T	DEGREE	PHYS.	DIRECTOR	PHYS.	3/22/69	
	22d. PHYSICIAN'S NAME (Type) P.C.	Xavier, M.	.D.		22e. ADDRESS Prince Go	eorge's	General	Hosp.,Che	verly,Mo
22	a BURIAL, CREMATION, 23	Bb. DATE	23c NAME OF	CEMETERY OR CRI			ON (City or Town)		(State)
1 × 3		3/25/69		livet Ce			ington.	. , , ,	(0.010)
24		halm Thomas	ADDRESS	)	25a RECT	BY REGISTRAR	2Sb REGIST	RAR S SIGNATURE	
	Robert E. Wil 4308 Suitland	Rd. S.E.	. Suitlan	Md	20023 MAR	2 8 1969	yeller	me in Usedal	name .

MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04341 04349 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR First and campletely filled in by the funeral remaye carbon papers. Pages 1 and 2 n any event, within 72-haurs after death. The law requires that the death-restiticate be executed within 24 hours after death (Type or print) March Luigi 22, 1989 3:15A Graziano LOIG-G-1 3. SEX S DATE OF BIRTH 6 AGE (in years 1F UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 02 - 27 - 96Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEN NEVER MARRIED country) Prince George's DIVORCED WIDOWED T 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR rince George's during most of working life, even if retired.) Gen. Hosp!" Cheverly signed by the attending privility and camplete burial-transit permit. Then place remave carb burial, cremation, or remaval, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Prince George's Riverdale 5302 56th Ave. 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First First UNKNOWN 17. INFORMANT 160, WAS DECEASED EVER IN J.S. ARMED FORCES? SAME AS # 13 MAR (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY ONCESTIVE HEART FAIL UNC. IMMEDIATE CAUSE (o) in-Schenetic Horninistrist Conditions, if ony, which gove? rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health prior ta b TO FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90. DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO IT 216. ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 23c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) HOUR A.M Month Doy Year OR CONTRIBUTING CAUSE OF DEATH be detached for State Dept. of H If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. with the State Dept. 21d. INJURY OCCURRED City or Town State While Not while County 22a I certify that (I) (this haspital) attended the deceased from 1966, to 3-2/-, 1967, that (I) (32) last saw the deceased alive an 3-2/-, 1967, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (1) (we) (did) (did not) view the body after death **ATTENDING** director, page 3 DEGREE DIRECTOR PHYS PHYS 22d PHISICIAN 22e. ADDRESS NAME (Type) 5409 Riverdale Rd., Riverdale, Md. Dr. Albert Roth 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL, CREMATION (County)



FOR STATE		04350 DIVISION			N STREET, BALTIMORI		04342
FOR STATE	-	CEASED NAME First		Middle	ERTIFICATE OF 1		
/ HEALIH DEPI.	(	ype or Print)		m dale		OF ESTI-	ionth Day Year 2b. HOUR
ny delay is 2, and 3 ta PM3. Page parment af	2.6	Elizab		14 165	Greene	DEATH MATED 3	
ny delay 2, and 3 PM3. Pa	3 5		S. DATE OF BIRTH	6. AGE (In years each birthday)	MONTHS BAYS HOURS	ZC. DATE TROMOGRACED DE	. V
P P R P R		emale Negro	4-16-1874	94 YRS	<del></del>	3 30	690 19 1: 22amin
- E / Bu	70.	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COU!		RRIED NEVER MARRIED		
rh rgges 1, rarm (all	-	D. C.	U.S.A∓		OWED CONCED	a l trance deorge	
	10. 0	TY OR TOWN OF DEATH		HOSPITAL OR INSTITUTION		USUAL OCCUPATION (Kind of work or ring most of working life, even if retain	
r de y ve P g wi	<u>L</u>	Cheverly	Prince	dress) George Ha	opital		00.)
after 8. Giv alang with With	130	USUAL RESIDENCE (Where decede	sed yed, if institution Re	isidence before 13c. (iT)	OR TOWN 13d INSIDE O		
75 cm 2 w 2 w 2 de		m ssion) STATE	Prince Geo	rge's Fai	rmont Hgts	] NO □   5808 H Stre	et
haurs after Tent/18. Gi Office alan Jand 2 with	14. E	NTHER S NAME First	Middle	los?	IS MOTHER'S MAIDEN NA	ME First Middle	Lost
( Z E ) [ 2 Z ]		Thomas Parham			Sarah S		
pages haurs		VAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SO wer or dates of service)	CIAL SECURITY NO.	17. INFORMANT	ADDRESS	
Examily File po		til les dia	well of digital by 2644(4)		Emma Greene	- Daughter	
e in		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (	o), (b), ond (c).}			APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
executed and and and and and and and and and an		PART I. DEATH WAS CAUSE	D BY: ATE (AUSE (0) <u>Heart</u>	failure			minutes
exe mdi Me nt v		1/	DUE TO, OR AS A CO	ONSEQUENCE OF Hypo	ertensive ca	rdio vascular dis	ease over 5 yrs.
"pe "pe nief ansid		Conditions, if ony, which gove	(b)	Ø 1			
おとなる かん		rise to immediate couse (o), ( stating the underlying couse (	DUE TO, OR AS A CO	ONSEQUENCE OF			
shauld be e ne ward "per to the Chief I burial-transit		lost.	(c)				
INER: This certificate shauld be executed with she certificate, writing the ward "pending" in pentahald be farwarded to the Chief Medical Examiriles.  3 shauld be used as a burial-transit permit. File padian, ar remaval, and in any event within 72 hadian.		PART 2. OTHER SIGNIFICANT COND		DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE (	OR CONDITION GIVEN IN PART 1(c)	
fica ing rdec as							
writt writt wall	CERTIFICATION	190. DATE OF OPERATION		INDITION FOR WHICH OP	RATION		20. AUTOPSY?
far far	E		W	AS PERFORMED?			YES NO 🔀
MINER: This certificate, writh the certificate, writh the should be farwant files.  e 3 should be used mation, ar remova		210. EXTERNAL CAUSE WAS	21b TIME OF NJURY	Month, Doy Year	IC HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Po	rt 2, Item 18.)
ER: certi auld es. shaul	MEDICAL	PRIMARY OR CONTRIBUTING ( CAUSE OF DEATH	HOUR A.M.	19			
S S S S S S S S S S S S S S S S S S S	ME.	21d INJURY OCCURRED   21e.	PLACE OF INJURY (At home	, form, street,	If LOCATION Street or R.F.D.	No. City or Town	County State
ICAL EXAMINER:  9 execute the certifor. Page 4 should ed for your files. CTOR: Page 3 should burial, cremation,		AT WORK AT WORK	ctory, office building, etc.)				
7 07 - 4		220   certify that   t	ook chorae of the rem	oins described oboy	e, held on Autopsy	, Inspection 🔀, Inqui	ry . ond in my opin or
ICAL E) Sexecution. Paged for J CTOR: P burial,		deoth resulted from:	Nativro couses		, . <u></u> -	icide Undetermined mo	
please director retained DIREC			/ W	1. 1		CAL EXAMINER	
UTY DICASE E PER I DICASE E PER I DIRECTOR PRIORE TO PERCENTION OF THE PERCENTION OF		ACTUAL SIGNATURE	Mr Me	XNI			DATE SIGNED
LTV.		/ 1//			(1). [/	DICAL EXAMINER &	3-31-69
necessary, please exect the funeral director. Pa S may be retained far TO FUNERAL DIRECTOR: Health prior to buriol,		EXAMINER'S NAME (Type)	choe MD R	iverdalc.		reet, city, town, or county)	
The the Hee	230	BURIAL CREMATION. 1 23b.	DATE DATE	23c NAME OF CEMETER		23d LOCATION (City or Town)	(County) (State)
		PERMITVAL (Specify)	-7-69		f Heaven		. ,, , ,
63	24.	CHINEDAL DI DECEMB		22.100.04	25o R	EC D BY REGISTRAR 25b REGIST	RAPS SIGNATURE ()
VR A15ME (5) 10M REV 1768		3015 12th C	nes Co.Funer	al Home	DATE	APR 7 1969 F	Torono J

MARYLAND STATE DEPARTMENT OF HEALTH





FOR STATE		04352 DIVISIO	N OF VITAL RECORDS  MEDICAL F		IN STREET, BALTIMO ERTIFICATE OF		ND 21201	04	4344	
HEALTH DEPT		ECEASED-NAME fir		Middle	Lost		o DATE KNOWN	Month Day	Yeor	2b HOUR
S 5 8 4 10	(	Type or Pr⊲nt) Jos∈	nh		Gugliotta		OF ESTI	3-16-69	1	25pm <sup>M</sup>
5 m 6	3 5		S DATE OF BIRTH	6 AGE ( n years	FUNDER YEAR II	F UNOER 24 HRS 2	c. DATE PRONOUNCED I			2d HOUR
Iny delay is 2, and 3 to PM3. Page.	1	White	4-1-1896	lest birthday) 72 YR		OURS MIN.	Month D	6 69	eor	25mmM
2,7 Pod	70	BIRTHPLACE (Stote or fore.gn	76 CITIZEN OF WHAT COUNT	RY? 8 M	ARRIED NEVER MARRIEL	9. COUNT	TY OF DEATH			
Farm farm	(OJI	itry) Italy	U. S. A.		DOWED DIVORCE	P	rince Geor	ge1s		Md
rs after death ny far. The Pages 1, 2, ce along with farm PA 2 with the State Depart	10.	CITY OR TOWN OF DEATH	H 10 3MAN   bbe teets evig	OSPITAL OR INSTITUTIO		120 USUAL OCCU	PATION (Kind of work	done 12b K	IND OF BUSIN	ESS OR
The well	_	Cheverly	Princ	e George L	IOSDITAL I		A Fud Ligar Service		des	
deg .	130	USUAL RESIDENCE (Where decer	osed lived, if Institution: Res	idence before 13c CIT			3e. STREET AND NUMBE			
2 2 2		dmission) STATE	Prince Geo		1.15411	DOCNO □	9307 Anna		oad	
This certificate should be executed within 24 hours after death cate, writing the ward "pending" in pencil in Item 46. Give Page be farwarded to the Chief Medical Examiner's Office along with 1 be used as a burial-transit permit. File pages 1 and 2 with the Starr remayal, and in any event within 72 hours after death.		Antonino	Middle Gugli	otta	Nancy	NAME First	Midd	Unk.	Lost	
hin 24 not in miner's pages hours		WAS DECEASED EVER IN U.S. ARMED (expro, or unknown) (If yes giv	. ]		17. INFORMANT		ADDRESS			
y with n per Exam File par 7.2		No	wer or doles of service) 217	32 2220	Grace Gu	gliotta	As ab	ove	(Wife	
ted al E		18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUS	nly one couse per line for (o)	, (b), ond (c).)					APPROXIMATE IN ETWEEN ONSET AN	
rxecuted nding" ir Med.cal 1 permit. I nt within		IMMED	LATE CAUSE (o) FIGURE						hour	
ex bend oend if M sit p		Conditions, if only, which gove		ISEQUENCE OF Art	erio <b>scle</b> rot	cic hear	t disease	ur	iknown	
d b d b d b d b d d b d d b d d b d d b d		rise to Immediate cause (a),	(b)	ACCOUNTED OF						
should be re word "per or the Chief burial-transit in any even		stoting the underlying couse lost.		ADEQUENCE OF						
the strine of the noting of the string of th		PART 2 OTHER SIGNIFICANT CON	(c) (c)	ATH GERT NOT DESATED	TO THE TERMINAL DIESAS	TE OD COMOTRION	CIMEN IN DART Y(a)			
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certil , writ arwar used mava	CERTIFICATION	190. DATE OF OPERATION		DITION FOR WHICH OF	PERATION				20 AUTOPSY?	,
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<b>造工 空</b> 0		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b. TIME OF NJURY M HOUR A.M	onth, Doy, Year	21c. HOW INJURY OCCUR	RED (Enter noture	of injury in Port 1 or 1	Port 2, Item 18	)	
INER: TI se certifice should by files. 3 should lo	MEDICAL	CAUSE OF DEATH	P.M.	19						
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director director etained DIRECTO		death resulted from:	Notural couses 🔀	, Accident [],		omicide	Undetermined m	ianner 🔝		
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TO DEPUTY  necessary, please exect the funeral director Pa 5 may be retained for TO FUNERAL DIRECTOR: Health prior to burial,		EXAMINER'S NAME (Type) John I	Kehoe MD Ri	verdale, N		medical examine (Street, city, town			-07	
O E mec S mec S mec Mec File	230	BURIAL CREMATION, 236	DATE 2	3c. NAME OF CEMETER	444		DCATION (City or Town	) (Count	y) (Sto	tel
	Fi				Masoleum		mar Mano			id.
		FUNERAL DIRECTOR		ADDRESS	250	RECO BY REGIS	TRAR 255 REGI	STRARS SIGNATI	IIRE	
JWD VR ATSME (AV)	Fr	ancis Gasch's	Sons Hya	attsville	Md. DAI	MAK 1 S	) 1969 🔑	Marie By	Judge	E.

MAKILAND STATE DEPARTMENT OF BEALTH



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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04354 04346 CERTIFICATE OF DEATH Last 20 DATE OF DEATH 2b HOUR Middle 1. DECEASED-NAME First Month (Type or print) Dov Year 99 60 F JNDER | FEAR IF UNDER 24 HRS S. DATE OF BIRTH 6 AGE (In years the attending physician and composer, papers. Pages a sit permit. The please remave carbon papers. Pages a sit necessary or removal, and in any event, within 72 hours after the site of t 3. SEX 4. RACE be executed within 24 haurs after lost birthdoy) MONTHS DAYS HOURS completely filled in by the 12-9-CAUCASIAN 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country). WIDOWED K DIVORCED T Md 1,551 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH INDUSTRY during most of working life, even if retired.) give street oddress)-LAUREL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER COUNTY YES 🔀 Middle Middle 15. MOTHER'S MAJDEN NAME First 14 FATHER'S NAME Lost MAXWELL 17 INFORMANI Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) Include - Lame. byrial, crematian, ar removal, 18. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) he law requires that the death Conditions, if only, which gave) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF ... stating the underlying couse: O FUNERAL DIRECTOR: After this certificate has been signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 Page 4 may be retained by the haspital ar attending Health prior to as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ HO X use 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY fa OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 218. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. Stote 21d INSURY OCCURRED City or Town County While Not while ot work ot work sed from 3/2, 1967, ta 3/2, 1969, that (I) (we) last 1969, and that in (my) (aur) opinion death occurred on the dote and hour and from the 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 3/21/1969, and causes stated above, (1) (we) (did) (did hat) view the bady after death. 22c DATE SIGNED 22b. SIGNATUR ATTENDING MED DIRECTOR STAFF PHYS. DEGREE PHYS 22e, ADDRESS 22d PHYSICIAN'S director, 23d LOCATION (City or Town) (County) (Stote) NAME OF CEMETERY OR CREMATORY 236 BURIAL CREMATION, 23b DATE REMOVAL (Specify) 25b REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR Memerica Undas VR A15 (4) 30M REV 1/68



. 1	1	04355	DIVISION OF VITAL RECORDS	NU STATE DEPAI . 301 W. PRESTON			010	
	T+	em#6. FilmG410		CERTIFICATE (		,	043	47
€ -7€	1 D	CEASED-NAME First	Middle	East		2o. DATE OF DEATH Month Day	V	2b. HOUR
death bnd death		ype or print)  John H	amilton			3/10/69		8:20 MA
	3 SI	Male	4. RACE Negro	1	OF BIRTH	6. AGE (In years last birthday) 6.1/62 YRS.		UNDER 24 HRS.
- E = E	7-		7b CITIZEN OF WHAT COUNTRY?		-15-190	COUNTY OF DEATH		
filled in by popers thin 72 hou	COU	BIRTHPLACE (State or foreign	4.5.A		DIVORCED _	Prince George's		Md
within 2 ely filled		ity or town of death heverly	11 NAME OF HOSPITAL OR Ingive street address) Pri	NSTITUTION (If not in hosp nce George	'S during most	OCCUPATION (Kind of work dane to a working life, even if retired)	12b. KIND OF 8U	1
kecuted within completely finance carbon ny event, with	13a odm	USUAL RESIDENCE (Where decedission) STATE Marylan	ised lived, if institution "Residence before	1	38. INSIDE CITY LIMIT YES NO	139 STREET AND NUMBER		
and the second	14	ATHER'S NAME First	Middle Lost		RS MAIDEN NAME Firs			Last
ore be execution of complete remove and in any ev		Thomas 1	tamilton	1 1	ines (	AMBER		
AN: The low requires that the death certificate be executed within 24 hours after death all or ottending physicion.  It is been signed by the attending physicion and completely filled to by the function for use as the buriol-transit permit. Then please remove carbon papers (Page 1) and it health prior to buriol, cremation, or removal, and in any event, within 72 hours after death		WAS DECEASED EVER IN U.S. AR les, no, or unknown) (If yes give	MED FORCES? wor or dates of service)  11 W 2	NO. 17 INFORMAN	ca Hami	Itan Serlis 6		10
ng p		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), and (	1)			APPROXIMATI BETWEEN ONSET	INTERVAL I AND BEATH
he death ce a attending i permit. The	П	PART I. DEATH WAS CAUSI	ATE CAUSE (o) Massive I	Bilateral P	neumonia			
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at the nsit	П	rise to immediate couse (a),		Pericardit	is.			
s th cion d by Lrro 7, cre	L	stoting the underlying couse lost.	DUE TU, UK AS A CONSEQUENCE O	r				
quires that the physicion. signed by the buriol, cremative buriol, cremative controls of the control of t	П		INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL D SEASE OR COL	NDITION GIVEN IN PART 1(a)		
ng pen signal between	L		<del>*************************************</del>					
he low requires th ottending physicion. has been signed by se as the burial-tro h prior to burial, cre	CERTIFICATION	190 DATE OF OPERATION 196	, CONDITION FOR WHICH OPERATION WAS I	PERFORMED 200	AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERT	IFYING
The off off hase hase the lift p	E				ON S	1		
YSICIAN: ospital or certificate far u	MEDICAL CE	21o ACCIDENT WAS UNDERLYI  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA  (If either, notify medical exam	HOUR A.M. Month Doy Yes		XY OCCURRED (Enter n	noture of injury in Port 1 or Port 2,	Item 18.)	
PH his his citá Del	ME		PLACE OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION	Street ar R.F.D. Na	City or Town	County	Stote
ENDING ned by th R: After t uld be d			his haspital) attended the decea alive an 3/10/69	sed from 2/25/	69, 19	, to_ <u>3/10/69</u> , 19	, that (	) (we) last
END ned I		saw the deceased	re, (I) (we) (did) (did nat) view the	.17, and that a Phady after death.	in (my) (aur) apini	ian death accurred an the do	ite and havr an	d fram the
ATTENI refoined ECTOR: A should with the		22b. SIGNATURE				22c.	DATE SIGNED	<del></del>
AL OR ATTEND by be retoined in the Strong at the Strong and Strong and Strong at the S	П		May	DEGREE PH		D. STAFF PHYS.		
TAL AL C		22d. PHYSICIAN S NAME (Type)			e. ADDRESS	General	** * + -	
OSPI 4 n NER Ifor,		<u></u>	S.V. Nair	F CEMETERY OR CREMATO	rince Geor		Hospita.	
TO HOSPITAL OR ATTENDING Page 4 may be retained by the Control of FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	230	EURIAD, CREMATION, 23b REMOVAL (Specify) 23b	DATE 23c NAME 0	timox e	Klat	23d. LOCATION (City or Town)	(County)	(Stote)
VRAIS(A)	24	FUNERAL DIRECTOR	ADDRE!	27	12 250 RECD BY	REGISTRAP CO 256 PREMISTRAR'S	SIGNATURE	-
30M REV 1/68	14	SWAShingt	ten = 30115 4925	VERNE 124	DATE	1 1000 //	0	



1 1		04356	MAKTLAN DIVISION OF VITAL RECORDS		STON STREET, B				
	Ξ'n	formation take	on from hinth con	CERTIFICA	TE OF DEAT	Н		0434	8
	050	EASED-NAME First	Aby Boy Warrie Ro		lost Harrie		March 13, 19	69 Yeor	2b. HOUA. 5:25 M
3	SEX		4 RACE White		3/12/69		6 AGE (In years lost birthday)	IF UNDER I YEAR IF	UNDER 24 HRS
70	a Bi	RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED X		NTY OF DEATH ince George's		24 52
10		y OR TOWN OF DEATH Cheverly	NAME OF HOSPITAL OR II give street address Prince Geory	STITUTION (If not i	n hospitol 120	JSUAL OCCL	JPAT ON (Kind of wark dane working ife, even if retired)	126 KIND OF BU INDUSTRY	
13 od	}o ↓	SUAL RESIDENCE (Where deceose sion) SIATE Maryland	lab County Prince George	13c CITY OF TO	WN 13d INSIDE	NO	13e. STREET AND NUMBER 3608 Upshur	Street	
14	4. FA	THER S NAME First	Middle Last	15. A	OTHER'S MAIDEN NA	ME First	Middle		Last
		Robert	Eugene Harr	ie,Jr.	Wa	nda	Renae	Huto	chson_
16	6a '	NAS DECEASED EVER IN U.S. ARN s, no, or unknown) (If yes give w	AED FORCES? 16b. SOCIAL SECURITY are at dates at service)	NO. 17. INF	DRMANT		Address		
		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSEQUENCE O  (b) Partial  DUE TO, OR AS A CONSEQUENCE O  (c)  NDITIONS CONTRIBUTING TO DEATH BUT	Hemmor  Atelect	asis – Bo He terminal disease		ON GIVEN IN PART 1(0)	BETWEEN ONSE	
DATICACATION	E E		CONDITION FOR WHICH OPERATION WAS F			0 🗀	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?		IIFYING
	MEDICAL	TO. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  If either, notify medical examin  21d INJURY OCCURRED  While Not while 1  at work	TH HOUR A.M Month Dov Yea	r 19			e af injury in Port 1 ar Part 2, 1  City or Town	Caunty	Stote
		22a. I certify that (I) (th	is haspital) attended the decea live an 3/13 e, (I) (we) (did) (did nat) view the M - Harzberg	sed fram 19 69 , and to a bady after de	hat in (my) (aur oth.  ATTENDING PRYS		224	69 , that ( ite and haur ai DATE SIGNED /14/69	l) (we) last ad fram the
		22d. PHYS.CIANS NAME (Type) Dr. Ma	ax Herzberg		22e ADDRESS 3308 Do	odge P	ark Rd.,Landov	ver. Md.	-
L	C	BURIAL, CREMATION, 23b REMOVAL (Specify) PORTAL LOTI STORAGE DIRECTOR			en.Hospit		LOCATION (City or Town) heverly, Princ STRAR 2Sb REGISTRAR S	(County) e George	(Store)
0 5	24 <b>7</b> 1	1122- 11	Jr. Administrate		DAMA	AR 2 6		En Juda	e

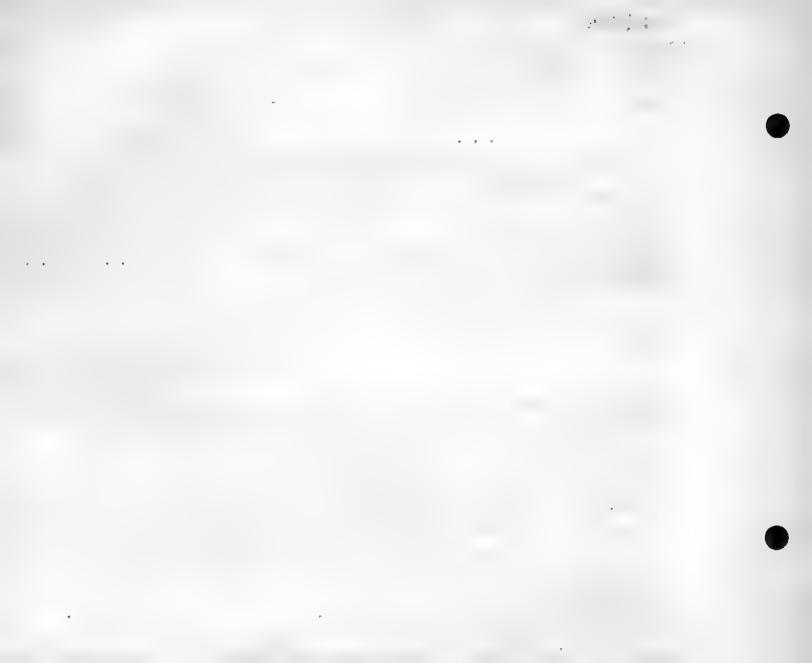
		PAKIMENI UF HEALIH
2	DIVISION OF VITAL RECORDS, 301 W. PREST	TON STREET, BALTIMORE, MARYLAND 21201
•	04357 CERTIFICAT	TE OF DEATH
er deoth	ECEASED-NAME First Middle (ype or print) COZZETTIA Middle	ARRIS MACCHAONTH (ODOY / GROOT) 28 HOUR
長	enale white	DATE OF BIRTH  6 AGE (In years Funder 174AR IF UNDER 24 HRS MIN)  8/2 7/8 WONTH S DAYS HOURS MIN
n by	BIRTHP_ACE (State or foreign   7b. CIT-ZEN OF WHAT COUNTRY?   8. MARRIEDA   N	NEVER MARRIED 9. COUNTY OF DEATH Severy
d in Pers. 72 h	OHIO C.S. WIDOWED E	- DIVORCED   DRINCE GEORGE Md
E 25	ITY OR TOWN OF DEATH  IT NAME OF HOSPITAL OR INSTITUTION (If not in give street oddress)  PINEVIEW GARDS	haspital 12a USUAL OCCUPAT ON (Kind of work dane during mast of working life, even if cetired)  HOUSE CONTRY
के विष्	USUAL RESIDENCE (Where deceased lived institution: Residence before 13c. CITY OR TOWn issian) STATE	
and comi	FATHER S NAME First Middle Lost IS MO	OTHER'S MAIDEN NAME First Middle Last
ate be icion al	EdWARD BIShop E	slizabeth Shaeffer
s that the death certificate be exection.  d by the attending physicion and control of the section of the secti	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO 17 INFOR	Camp the
mov They	18. CAUSE OF DEATH (Enter only one cause per line for (d), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN CHISET AND CRAIM
re death cer attending p permit. The	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	elevast
afte afte perm ion,	DUE TO, OR AS A CONSEQUENCE OF	- 000
of th the nsit	Canditians, if any! which gave to be a commendate cause (a).	in school
equires that the physicion. signed by the burial-tronsit burial, crema's	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF 1 (c)	oulm acella
require ng physi en signe he burial to burial	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLEING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The low re attending has been se as the th prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20d. AUTOPSY?  YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21a ACCIDENT WAS UNDERLYING  or contributing cause of death (If either, natify medical examiner)  21b TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
PHYSICIAN: he hospitol or this certificate far us Dept. of Health	21d. INJURY OCCURRED While Nat while at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION OFFICE BUILDING, ETC.	ION Street or R.F.D. No. City or Town County State
IDING J by th After t J be de	220.   certify that (1) (this hospital) attended the deceased from-	1/20,196710 3/10, 1969, that (1) (we) last
= 50 ~ 70 0	sow the deceased alive on	nat in (my) (our) apinion death accurred on the date and hour and fram the th.
OR AT DESCRIPTION OR AT SHEET OF SHEET	226 SIGNATURE DOLLAR A TABLOEGNEE	ATTENDING MED. STAFF 22c. DATE SIGNED PHYS. 3/10/69
	22d. PHYS.CIAN'S NAME (Type) PURCET PURCET	The ADDRESS U.S. No. 1, MO
TO HOSPITAL Poge 4 may TO FUNERAL I director, pag should be fil	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREM  13/13/69 Mt.Olivet Ce	wash.,D.C.
VR A15 (4) 30M REV 1/68	FUNERAL DIRECTOR Nalley's Funeral ADDRESS Raini Home Inc. Maryland	DATEMAR 1 4 1969 Williams Version



					B STATE DEPARTME				
1	I	04358	D	IVISION OF VITAL RECORDS,		-	E, MARYLAND 21201	043	5.0
1					ERTIFICATE OF E			040	
,	24 hours offer death.  d in by the funeral To hours after death.	1 DECEASED NAME (Type or print) Ja	First ames	Middle W	lost Harrison	20	March 3, 19	69 Year	2b. HOURP 3:10 M
	* 15- P	3 SEX		4 RACE	S. DATE OF BIR	TH	6. AGE (In years	IF UNDER 1 YEAR	F UNDER 24 HRS.
	· · · · · · · · · · · · · · · · · · ·	Male		White	6/24	/82	last birthday)	MONTHS DAYS	HOURS M N
4	in a second	7o. B RTHPLACE (State or for	reign 7b	. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR	9. COL	INTY OF DEATH	<u></u>	
	filled in powers.	country) Va		USA	WIDOWED T DIVORC	ED Pr	ince George's		Md.
	kecuted within 24 campletely filled dave carbon party event, within 77	On the city or town of Death  Cheverly	1	give street address) Prince Georg	TITUTION (fact in hospital	during most of	UPATION (Kind of work done working life, even if retired.) manager	12b KIND OF BU INDUSTRY Dept Sto	
	umplets ve cort	13a USUAL RESIDENCE (Whe	re deceased	eved, if institution. Residence before	7447 4	3d INSIDE CITY L M TS?	13e STREET AND NUMBER		
	e se all co	admission) STATE Mary	land	Prince George's	Bladensburg	YES NO	5215 Newton	STreet	
	cing and co	14. FATHER'S NAME FIRS		Middle Last	15 MOTHER'S MAI	DEN NAME FIRST	Middle		Lost
	ore be e	Th	iomas (	G Faulkner		Anna E B	ell		
	8 3 5 5 5	160 WAS DECEASED EVER IN	U.S. ARMED (If yes give wor or	dates of cornect	1		Address		
	青 麦草	Yes, no, or unknown)	(11 Jan Stree mon or	577 01 48	32 Evelyn	Irwin	Bladensb		
	emo em	18. CAUSE OF DEATH	(Enter on y c	ine cause per line for (a), (b), and (c)	0 1/.		0. 16	APPROX MA BETWEEN ONS	
	S S S S S S S S S S S S S S S S S S S	PART : DEATH W	AS CAUSED B	CAUSE (a) CENCIL	al Vaica	lar )	COC Identity		
	on office of	4101		DUE TO, OR AS A CONSEQUENCE OF		· ·			
	丰 春菜 /	Canditions, if ony, whi		(b)					
	2000年	stating the underlying		DUE TO, OR AS A CONSEQUENCE OF					
	sici sici sici sici sici sici sici sici	last,	<del></del> ,	(c)					
	The low requires that the death certification of the standing physician. The sear signed by the ottending physics as the burial-transit permit. Then the prior to burial, argumentation, or removal	PART 2. OTHER SIGNIFI	ICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE FERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
	The low re ottending has been se as the the prior to large.	19a. DATE OF OPERATION	N 19b. COI	IDITION FOR WHICH OPERATION WAS PE	REFORMED 20a. AUTOP	SY?	206 IF YES, WERE FINDINGS	ONSIDERED IN CER	TIFYING
	of the lo	19a. DATE OF OPERATION 21a. ACC DENT WAS U			YES 🗀	NO [X]	CAUSES OF DEATH?		
	IAN: The			216 TIME OF INLURY	21c HOW INJURY OCCU	JRRED (Enter natur	e of injury in Port 1 or Port 2,	Item 18)	
	A Figure 1	OR CONTRIBUTING CA	LUSE OF DEATH	HOUR A.M Month Day Year P.M.					
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for this as the buriol-fronsit permit. Then please replace corbon powers. Pages 1. and should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and any event, within 72 hours after death the state of	Tid. INJURY OCCURRED While at work at work	D 2le Pu	ACE OF INJURY (AT HOME, FARM, STREET, FAR		ar R.F.D. No.	City or Town	Caunty	State
	Stage 2			haspital) attended the decease	d from 1-3	1969	ta3-319	_47, that (	l) (we) last
	A Para S	saw the dece	eased aliv	e an 3 - 3	9 67, and that in (my	(aur) apinian	death accurred an the de		
	4 FEB 8 5 4	causes states	d above, (	) (we) (did) (did not) view the	bady after death.		_		
	A 品 品 点 きょう	22b. SIGNATURE	1/1	0 8000	ATTENDING	G MED.	STAFE 220	DATE SIGNED	
	2 3 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		my	101 Stort	DEGREE PHYS	DIRECTO	R D STAFF D 3-	4-69	
	O HOSPITAL OR ATTENDING Page 4 may be retained by the page 4 may be retained by the page 5 should be director, page 3 should be desired with the State for the page 5 should be filed with the page 5 should be fi	22d PHYSICIAN S NAME (Type)	Arnol	d Brody, M.D.	22e. ADDR 3415		St., Hyattsv	ille, Md	•
	10S	23a BURIAL, CREMAT ON,	23b DAT	E 23c NAME OF	CEMETERY OR CREMATORY	723d	LOCATION (City or Town)	(County)	(State)
	Parity Parity	REMOVAL (Specify)			ncoln Cemeter	1	olmar Manor P		Md.
	► ► ∨R ∧1 ₹ [♣]	24. FUNERAL DIRECTOR	1 1 144	ADDRESS		25a REC'D BY REG	STRAR 2Sb. R&G-STRAR		
	SOM REV TOR	F	. Gas	ch's Sons llyatts	rille Md.	MAR 7	1969 June	100	



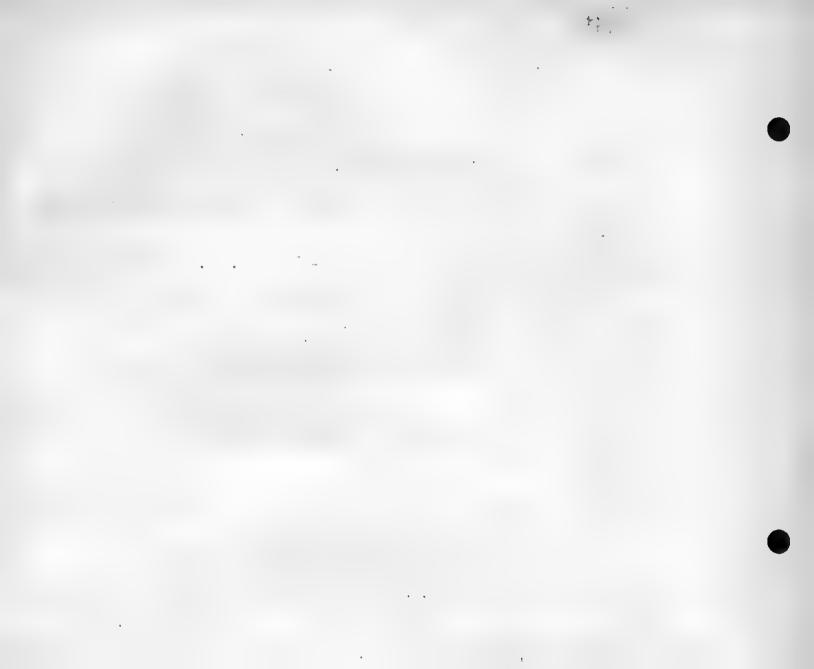
× 1	T+	04359 ers#13A thru e	DIVISION OF VITA	AL RECORDS, 3	OI W. PRESTON SERTIFICATE O	STREET, BALTIA	MORE, MARYLA	ND 21201	0435	51
15 00	1 DI	CEASED-NAME First	* TATHOUTO	Middle	Lost		2o. DATE OF DEATI	ł		2b. HOUR
deor	-{1	ype or print)	OMAS		HAWKINS			tonth Doy	1969	
5 5	3 SE		4. RACE		5. DATE OF			IARCH 8		F LINGER 24 HRS.
be executed within 24 hours after dearly ond completely filled to the within 72 hours, after death in any event, within 72 hours, after death		MALE	NEGE	20		12-2-189	los	birthday) 78 YRS.	MONTHS DAYS	HOURS M N
S D C	7o. I	URTHPLACE (State of foreign	76. CITIZEN OF WHAT CO		B. MARRIED NEVER A		9. COUNTY OF DEAT			
F 250	COLI	MARYLAND	II S A				DDINGE	CEARCE	C	Md
nin 24 filled paper thin 72	10. 0	ITY OR TOWN OF DEATH	11 NAME O	F HOSPITAL OR INST	TUTION (If not in hospita	of 12o. USUA	PRINCE L OCCUPATION (Kind	of work done	125 KIND OF B	
ond completely fille remove carbon pains in any event, within		HYATTSVELLE	give street	oddress) SVILLE N	URSING HOM	during mo	st of working life, e	ven if retired )	NONE	
d v		USUAL RESIDENCE (Where decen-	ed lived, if institution; R	esidence before	13c CITY OR TOWN	13d INSFOE CITY LIA	MIS? 13e STREET A	ND NUMBER		
cute omp	odm	ssion) D.C. , .	136 COUNTY		Vashington	YESKEN NO	6409	9 9th St	reet.N.	N.
ond co	14 1	ATHER S NAME First	Middle	Lost	1S MOTHER S	MA DEN NAME FI	rst	Middle		Lost
		U	NKNOWN				UNKNOWN			
ate		WAS DECEASED EVER IN U.S. ARI		SOCIAL SECURITY NO				Address		
errificate be physicion of physicion clease loval, and it		es, no, or anknown)	5	77-22-61	99 MRS E	DNA KING	6409 9t	h st N.		D.C.
ie deoth (cer attending p permit. The		18 CAUSE OF DEATH (Enter or	ly one couse per time or	(a), (b) and (c))					BETWEEN ONS	TE INTERVAL ET AND CEATH
soth andir or re		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMED).	D BY. ATE CAUSE (o)	RCINO	MATOSIS				6 M	05
ne deoth attendi permit. ion, or r		150X	DUE TO, OR AS A (	CONSEQUENCE OF		10	7 /		1.11	- A
the the stiff		Conditions, if ony, which gove rise to immediate couse (o),	(b) HC	enocal	rcinoma	af C	0104		4 46	ears
tha an. by ran		stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF		V				
quires that 1 physician. signed by th buriol-transit		lost.	(c)						1	
		PART 2, OTHER SIGNIFICANT CO	12:13:1				ONDITION GIVEN IN F	ART 1(o)		
w rading seen the rato	ਫ਼	(1) Anemia		onic 1	yelonep		Table 15 and	News Parkings of	ONCIOERE IN CER	TICANIA C
The low ratending has been se os the h prior to	CERTIFICATION	1.6	CONDITION FOR WHICH O	PERATION WAS PERI		UTOPSY?	CAUSES OF D		ONSIDERED IN CER	HIFTING
or at not the hor use saith	ERTIF	Yone 210 ACCIDENT WAS UNDERLYII		101 *	YES			140	101	
VSICIAN: aspital or certificate ined for ur		OR CONTRIBUTING CAUSE OF DEA	IG 21b TIME OF INJU	onth Doy Seor	Vo.		noture of injury in I	Off 1 of Port 2,	rem to;	
Sici spirt spirt entrif ed	MEDICAL	(If either, notify medical examination of the control of the contr	ner) P.M.	NE CARM CIPET CACT		treet or RFD No	City or To		County	State
OR ATTENDING PHYSICIAN: be retoined by the haspital or DIRECTOR: After this certificate ge 3 should be detoched for u led with the State Dept. of Heal	1	***************************************	PLACE OF INJURY (AT HO	E BUILDING, ETC	A J ZIT LOCATION S	N &	City or to	wn	coomy	2,016
1		of work of work	None	d that daspass			& to 's	2/8 19	69, that I	1) () last
Affe Affe Sto		22a. I certify that (I) (sow the deceased above courses stated above	live on	3/5 19	62, and that in	(my) (mr) opir	nion deoth occur	red on the do	te ond hour o	nd from the
Por Se in En	L	youses stated abov	e, (I) ( (did	net) view the b	ody after death.	, ,,,				
A S D S S S	١,	22b. GNATURE	1/60.1		ATTEN	NDING M	AT2 CD	22c	DATE SIGNED  3-8-19	10
OR DE S	М	/ course	)/ scalu	ueel	DEGREE PHYS		ED. STA	S. L.J. 4	3-8-11	
HOSPITAL OR ATTENDING PHY age 4 may be retained by the h FUNERAL DIRECTOR: After this irector, page 3 should be detach hauld be filed with the State Dep		22d. PHYSICIAN S NAME (Type) FRAM	cis W. B	) LACK (O	ELL   220	ADDRESS RA	rede Isla	rud Av	E NE, C	Clash, D.C
NER NER Stor,							23d. LOCATION (C			(Stote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	230	BURIAL CREMATION, 23b REMORALISTED 1 3	DATE -12-69	nock	EMETERY OR CREMATOR y Hill.,		Cla:	rksburg	(County)	(Sidie)
F - F	<b>L</b>	FUNERAL DIRECTOR OF P	Au newl a	ADDRESS		2So., REC'D B	Y REGISTRAR	2Sb. REGISTRAR'S		
30M REV		ROBERT L. S	NOWDEN RO	CKVILLE,	MD	DATEMAK	13 1969	1 crear	Cos Judg	



1. 1	Ite	15 FilmGull 4/2/69kk MARYLAND STATE !	DEPARTMENT OF HEALTH #tem? FilmG411 4/1 ESTON STREET, BALTIMORE, MARYLAND 21201	.7/69kk
FOR STATE			S CERTIFICATE OF DEATH	04352
HEALTH DEDT	I. D	ASED-NAME First Middle	Lost 2o. DATE KNOWN Month	Doy, Year 2b HOUR,
	(1	e or Print) John	Hiers OF ESTI- DEATH MATED [4 311	13 69 10:03
y delay is and 3 ta PM3. Poge	3 SI	4 RACE S DATE OF BIRTH 1920 6 AGE (in loss burth	n years IF UNDER YEAR IF UNDER 24 HRS 20 DATE PRONQUINCED DEAD Months DAYS HOURS Meh. Month 2 Doy 7 2	Year 1969 12:37
PM3.	70 1	M   3-24-2979/ 48  THPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8	MARRIED NEVER MARRIED X 9. COUNTY OF DEATH	IAON STIIW
D E G		th Carolina USA	WIDOWED DIVORCED Prince George	Md.
oath State	10 €	OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTI	TTJTON (If not in hospitol 120 USUAL OCCUPATION (Kind of work done during thost of working life, even if retired.)	26 KIND OF BUSINESS OR NDUSTRY
we have he		Cheverly give street address) e Geo	orge Hosp Laborer	***
INER: This certificate shauld be executed within 24 haurs after death Lany are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, a should be forwarded to the Chief Medical Examiner's Office along with farm PN files.  3 should be used as a burial-transit permit. File pages land 2 with the State Depagnation, or remayal, and in any event within 72 haurs after death.	13a.	SUAL RESIDENCE (Where deceased lived, if institution. Residence before 13 ission) STATE Md 13b. COUNTY Prince George	e Hvattsvi læs 🖸 NO 🗆 4500 Burlingto	n Rd.
hours Office office	14. F	HER'S NAME First Middle Lost	15 MOTHER 5 MAIDEN NAME First Middle	Lost
4 40 5 8		Elliott Hiers	Mittie	
thin 24 miner's, pages haurs		S DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT ADDRESS	77
with per xam xam 11e p 172 t	1,		9 Johnetta Lewis 4718 Braxton	PI., Hyatt
xecuted withding" in pe Medical Exan permit. File it within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY	Heart Failure	BETWEEN ONSET AND DEATH Min.
ding ding ledin perm		IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF	nearc rallure	MILII.
ef Aveniven		onditions if any, which gave \	Arteriosclerotic heart disease	Unknown
Id burd in Chi		ise to immediate couse (a), (b)  DUE TO, OR AS A CONSEQUENCE OF	and our and our or	0.000
shauld be e ne word "per ta the Chief A burial-transit		ost. (c)		
This certificate shauld be executed wit ficate, writing the word "pending" in pe be forwarded ta the Chief Medical Exand be used as a burial-transit permit. File ar removal, and in any event within 72		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
rtifica riting varde val as val, a	NOI.	9g DATE OF OPERATION 196 CONDITION FOR WHI	ICH OPERATION	20 AUTOPSY?
VER: This certil certil certilitate, writhould be forwariles. should be used trian, ar remova	CERTIFICATION	WAS PERFORMED?		YES 🔀 NO
		TO EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	
NER: certification of the state	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		
AIN the 4 sh 7 fil a 3 s	3	d. NOURY OCCURRED  WHILE NOT WHILE OF TOXING TO STREET,  foctory, office building, etc.)	21f LOCATION Street or R.F.D. No (ity or Town	County State
otcal Examiner: This se execute the certificate, ctar. Page 4 should be fared for your files.  ECTOR: Page 3 should be 1 burial, crematian, ar rer		AT WORK AT WORK		
CAL E exect or. Po od for CTOR: I buriol,		22a. I certify that I taak charge of the zemains described		
please e director retained DIRECTOR		death resulted from Natural causes X, Accident		
y, please eral direction be retaine RAL DIRECT prior to b		ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE S	IGNED
UTY any, nerol be ERAI		SIGNATURE  EXAMINER'S John W.D. Rive	DEDICTOR MEDICAL EXAMINED	10
ro DEPUTY DICA necessary, please ex the funeral director. 5 may be retained for FUNERAL DIRECTO Health prior to bur		EXAMINER'S John Mehoe, M.D., Rive	ADDRESS(Street, city, town, of county)	-09
10 T = = = = = = = = = = = = = = = = = =	230			(County) (Stote)
	2)	REMOVAL (Specity) Burlal  NERAV DIRECTOR  ADDRESS	250 REC'D BY REGISTRAR 250. REGISTRAR'S S	
VR A15ME (5)	P	Ellins Fund Hone 433-9-Hi	ent PL 1 & DATMA! 20 1969	e i
10M REV 1768	-		Province & U. 1969 & Advance	1



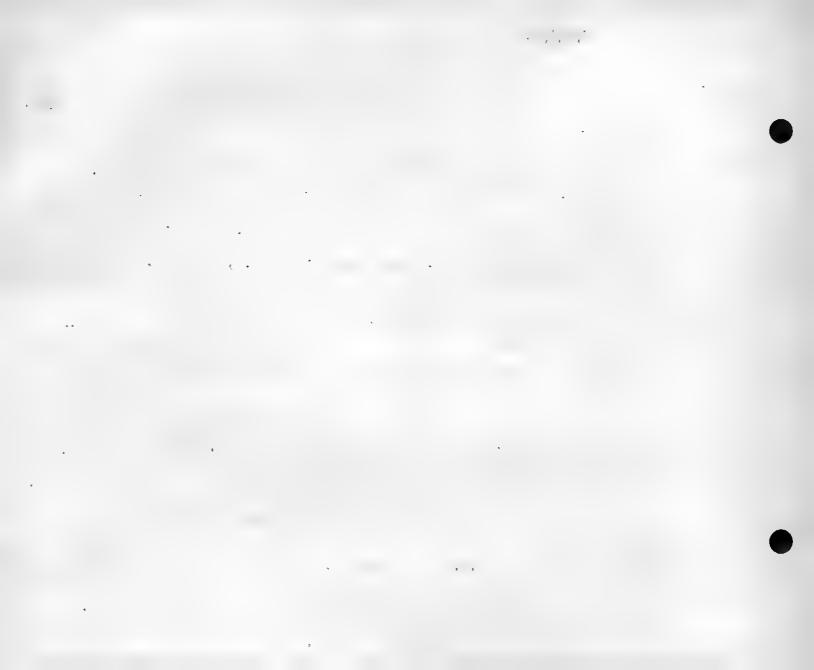
MAKYLAND STATE DEPAKTMENT OF HEALTH



1 -3		DIVISION OF V		PARTMENT OF HEALTH ION STREET, BALTIMORE, MAR	YLAND 21201	
FOR STATE				CERTIFICATE OF DEAT		04354
HEALTH DEPT.		ECEASED-NAME First	M ddle	Lost	20 DATE KNOWN Month	Doy Year 2b HOUR
of of	,	Type or Print) Harold	W	Hoffman	OF ESTI- DEATH MATED	19 M
lay is 13 to Poge	3 5		ATE OF BIRTH 6. AGE (11 yes	FUNDER 1 YEAR FUNDER 24 HRS	2c. DATE PRONOUNCED DEAD	Zd. HOUR
ny delay 1, 2, and 3 tm PM3 Pog	N	Tale White 9-	7-1923 ast birthday		Month Day	69 19 5:15pm M
50, d   pd		BIRTHPLACE (State or foreign 7h CIT.7	7FN OF WHAT COUNTRY? R		OUNTY OF DEATH	
	cont	Mt. Vernon	TI CI A	_	Prince George's	Md
Propes	10.	CITY OR TOWN OF DEATH	II NAME OF HOSPITAL OR INSTITUT	ION (If not in hospital   120 USUAL	OCCUPATION (Kind of work done	12b K ND OF BUSINESS OR
This certificate should be executed within 24 hours ofter death cate, writing the ward "pending" in penal in Item 18 Give 1998s be forwarded to the Chief Medical Examiner's Office along with the be used as a burial-transit permit. File pages 1 and 2 with the State or removal, and in any event within 72 hours after death.		Cheverly	give street oddress) Prince George	Hospital during most	of working life, even if retired.)	INDUSTRY
offer de 8 Gyert de with the deoth.		IIS.A. RESIDENCE (Where deceased I wed	d if institution Residence before 13c.	TTY OR TOWN 13d INSIDE CTY LIMITS?	13e. STREET AND NUMBER	
s offers	٥	dmission) STATE District O	Columbia Wash	ington YES NO [	2144 California	a.St., S.M.
thours them 18 Office Tand 2 v	14	ATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FIR		Lost
s of s		UNKNOWN		lie1	on M	Bussey
hin 24 ncil in niner's pages hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b SOCIAL SECURITY NO	17. INFORMANT	ADDRESS	
d within 24 hours in pencli in Item I Examiner's Office File pages Land 2 in 72 hours after d	F t	(e. T. to a nuknowu) [( ( ) 10 to to to to to to	ks belaninal)	Valdo B.Hori	man	
d with personal Example File in 72	Г	18 CAUSE OF DEATH (Enter only one of	couse per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted ading ' in Medical E permit. I		18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	SF (a)	Heart failure		Min.
Medir per		1 1 1 1 0 0	UE TO, OR AS A CONSEQUENCE OF			B 70010 7
be executed "pemding" in nief Medical E onsit permit. F event within		Conditions, if ony, which gove	(b)	Occlusion of co	rcnary artery	
ony		rise to immediate couse (a), ( stating the underlying couse (	OUE TO, OR AS A CONSEQUENCE OF		72.11.11.11.11.11.11.11.11.11.11.11.11.11	un!mown
should be e or the Chief i burial-tronsit		lost	(c)	Hyperctensive a	rteriosc er tic	
bical EXAMINER: This certificate should be executed within 24 hours please execut the certificate, writing the word "pending" in pencil in Item 1 director. Page 4 should be forwarded to the Chief Medical Examiner's Office retained for your files.  DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 or to burial, cremation, or removal, and in any event within 72 hours after d		PART 2. OTHER S GNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART I(o)	
fico fing rding	==					
is certific te, writin forward te used as	AIIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION		20 AUTOPSY?
his cate, e for be u	CERTIFICATION		WAS PERFORMED?			YES X NO
INER: Thi e certificat should be files. 3 should be should be files.	18	2 o EXTERNAL CAUSE WAS 211	b TIME OF N.JRY Month, Doy, Year	21c HOW INJURY OCCURRED (Enter no	ature of in Jry in Port 1 or Port 2, Its	em 8)
INER: I se certifica should by files. 3 should a should by files.	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M 19			
EXAMINER: cutm the certificate of should should should should should be your files. Page 3 should sh	墨		F N.JRY (At home, form, street, fice building, etc.)	21f LOCATION Street or R.F.D. No.	City or Fown	County State
XAM tt th ge 4 your Page crem		AT WORK AT WORK TOCTORY, Off	nce surding, etc.,			
DEPUTY SICAL EXAMINER: cassory, pleose executal the certice funerol director. Poge 4 should may be retoined for your files. FUNERAL DIRECTOR: Page 3 should stalk prior to buriol, cremotion.		22a. I certify that I took cho	arge of the remains described ab	ove, held on Autopsy 🔀,	nspection 🔀, Inquiry	, ond in my opinion
JICAL leose exector. Peroined for DIRECTOR.		deoth resulted from Nat.	urol coeses . Accident	, Suicide , Homicide	Undetermined monner	
pleose e I director retoined DIRECT or to bu				CHIEF MEDICAL EXAM	INER 🗍	
		ACTUAL SIGNATURE	MM.	M.D. ASSISTANT MEDICAL E	XAMINER 22b DATE	SIGNED
Sory, nnero / be IERAI		EXAMINER'S John Kehoe	MD Riverdale, M	DEPUTY MEDICAL EXA	MINER 🔀	3-28-69
TO DEPUTY  necessory, I  the funerol  5 moy be i  70 FUNERAL  Health pri		NAME (Type)		ADDRESS(Street, city,		
5 g = 2 5 ±	230	BURIAL CKE WATTON, 230 PATE 1	-69 23c NAME OF CEMET	ery or crematory 2.	White Plains	(County) (Store)
						-
VD ATELEC IFT	24	FUNERAL DIRECTOR/ Robert A. Pumphr	re v 7557Viscor	sin Ave. 250 RECD BY		
YR A15ME [5] 10M REV 1768	L		re y 7557Wiscor Sethe sda,	Md. Ave. DATE APR	3 1968 gala	elen Judge
					*/	0



, 1		tem23 Fi					'ARTMENT OF IN STREET, BALI		YLAND 2120	1	0.4.0	
FOR STATE	4,	/11/69 H	<sup>ck</sup> 0436	-			ERTIFICATE				0435	55
HEALTH DEPT.		ECEASED NAME Type or Print)	First	Ronald	M doie Anthor		Holland		20 DATE KN	XII 죠 3	Poy y	169 2 2 19 E
Department	3 \$	EX M	4 RACE	5. DATE OF BIR		AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.	2c DATE PRO Month	NOUNCED DEAD DOY	<b>2</b> 8 Year 19	2d HOUR 69 1:48
	cont	THOTT A T	and	USA		WI		OKCEP	OUNTY OF DEATH	e Georg	e	am M
offer death as Giver Pages olong with for with the State eath.	1	Chev	erly	g,ve s	treet Presho	e Geor		during most Se:	of working life, rvicemas			OF BUSINESS OR
rs after 18 Gives of an	0	dmission) STATE	7.107.4	13b. COUNTY T	Prince Ge	eorge '	Greenbelt			2 Brees	ewood !	Terrace
24 haurs in item 18 r's Office es land2 v		ATHER'S NAME	First Boyard	Middle Winst	on Hol	losi land	IS. MOTHER S MAI			Middle Louise	Will	iford
L EXAMINER: This certificate should be executed within 24 hours aftecute the certificate, writing the ward 'pending in pencil in Item 18 (Page 4 should be forwarded to the Chief Medical Examiner's Office alloway your files.  R. Page 3 should be used as a burial transit permit. File pages land 2 with all cremation, or removal, and in any event within 72 hours after deat		es, no, or unknow Yes	1.967	rar or dates of survice) - 1969	579-64-	1463	17. INFORMANT Personnel		. Ft Geo	ADDRESS  G. Mea		OXIMATE INTERVAL
be executed 'pending in nief Medical E. sasii permit. F event within		18 CAUSE OF PART   D	DEATH (Enter only EATH WAS CAUSED IMMEDIAL	IE CAUSE (0)			of brain					N ONSET AND DEATH
t be execut 1 'pending hef Medicc ronsit permit		Conditions, if o	ny, which gove ) iote couse (a), (	(b)	-	ound s	kull frac	ture			Min	n.
certificate shauld be e writing the ward 'per prwarded to the Chief ! used as a burial transit moval, and in any even		stating the un lost.	derlying couse	(c)	AS A CONSEQUEN			·				
nficate string the carded to did as a b and and	NO			MONS CONTRIBUT			TO THE TERMINAL E	DISEASE OR CONDIT	ON GIVEN IN PA	.RT 1(o)		
This certific total writing be forwards as the used as removal,	CERTIFICATION	190 DATE OF O		1	19b. COND TON F WAS PERFOR	MED?					YE	UTOPSY?
INER: The e certificate should be files. 3 should be asknown or	MEDICA, CE	CAUSE OF DEAT	r contributing [	14020	Mam 3 28	1969	21c HOW INJURY OF OCCUPANT	of car i	Involved	i in col	Lision	
cal Examiner: execute the certion. Page 4 should for your files. GTOR: Page 3 shouburial, cremation,	×		OT WH.E BE	It Wash	At home form str gParkway		21f LOCATION Street Near Powd	ler Mill		Prince		e Co. Mã
please execute the certificate, writing the ward director. Page 4 shauld be forwarded to the Cherinal for your files.  DIRECTOR: Page 3 should be used as a burial fra ar to burial, cremation, or removal, and in any			certify that I to sulted fram:		he remains des ses , Acc		-	Hemicide [		), Inquiry ( mined manne		in my apiniar
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR. Page Health prior to burial, crem		ACTUAL SIGNATURE — EXAMINER'S NAME (Type)	/ 1	hn ehoe, M	D., Riv	erdale	Md DEF	IEF MEDICAL EXAMI SISTANT MEDICAL EX PUTY MED CAL EXA DRESS(Street, city,	XAMINER A	3-2	TE SIGNED	
TO D nece the 5 m 10 Hea	230	BURIAL, CREMA	TION/ 23b.	DATE 4/1/6	7/16 23c NAM	Arli.	y or crematory ngton Na		d LOCAT ON (C)		Va.*	(State)
VR A15ME (5) 10M REV. 1/68		funeral direct ne bf/I	or Howa Harry W	rd Cou itske	nty Fun Ellico	ott Ci	ity Md.	2So SEED BY R	T 11969	250/ REGISTRAR	SELENATURE	ga.



- I		04364 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04356
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0.3000
HEALTH DEPT		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy (Type or Print)	77.
3 to		John Thomas Horigan, Jr. DEATH MATED X 3 2:	
del 33	3 :	SEX 4. RACE S. DATE OF BIRTH 6 AGE (n years Funder) 1 Funder 24 ARS 1 Judy 3 Day 22 Months W 16 July, 1918 50 YRS MN MONTHS DAYS MN MONTH 3 Day 22	Yeor 69 4 1950 am M
n F		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH UNITY) 9. COUNTY OF DEATH	
forr forr		Wash. D.C.   U.S.A.   WIDOWED   Prince George	Me
hours offer death any tem 18. Give Pages 1, 2, a Office along with form PM land 2 with the State Depart after death	1	Cheverly    Give street oddress   Prince George Hosp   Rue Driver   INDU	KIND OF BUSINESS OR USTRY
s offer 18. Gru along 2 with	130		h
ors of 18. ce ald 12 wi	-	Md Prince George Hyattsville WK 721 Chillim Kd	
hours ltem 1 Off.ce land 2 after	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
h.n 24 ncil n niner's pages hours	140	John T. Horigan Anna N. Ebe  was deceased ever in u.s. armed forces?   166, social security no   17, informant Anna N. Address	1
within pencil xomine re pag 72 hou	(	(Yes, no, of tynknown) (Hys over words) (Hys over words) (Tynknown) (Hys over words) (Tynknown) (Hys over words) (Tynknown) (Hys over words) (Tynknown) (T	
A	-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVA.
be executed "pending" In inef medicals. Insh permit		PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH Min
med		1610 IMMEDIATE CAUSE (o) A SONYXIA	<u> </u>
be ex-		(conditions, if ony, which gove is to immediate couse (a), (b) Occlusion of a trway (tracheostomy)	
should e word o the Ch ouriol-tro		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF by thick mucous.	
should be e ne word "per o the Chief buriol-transit.		Acute bronchitis	
ing thing thing thing ded to ded to a so a line or a lin	z	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
wrii wrii wrii urwo novc	CERTIFICATION	190. DATE OF OPERATION 198 COND.T.ON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This icote, be fo be to or refi	RTIFI	1962 Carcinoma of vocal cords  210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of unury in Port 1 or Port 2 Item 19	YES E NO
E = 2 0	MEDICAL C		8)
	ME		ounty State
DEPUTY DICAL EXAM Sessory, please execute the funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page		WHILE NOT WHILE of toctory, office building, etc.)	
CTOR: Purify		22a I certify that I tack charge of the remoins described above, held an Autapsy 🔀, Inspection 🔀, Inquiry 🔀,	ond in my ap nian
DIC DSC Secreto Innec		death resulted fram Natural causes, XI, Accident , Suicide , Homicide , Undetermined manner	
y, pleaseral directions of retain		ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL MD ASSISTANT MED CA. EXAMINER  226. DATE SIGN	IED
ory, nerg be be ERA		signature M.D., Riverdale, Md peputy medical examiner 3-23-69	
ro DEPUTY necessory, the funeral 5 moy be 10 FUNERAL Health pri		NAME (Type)  ADDRESS(Street city, town, or county)	
5 = 4 × 5 + 4	23	30. BURIA., CREMATIDA 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town) (Cou	unity) (Stote)
		Burial 2-24-69 Mt. Olivet Washington, D. C.	
VR A15ME (5)		FUNERAL DIRECTOR COllins 500 University Blvd. W. 250. REC'D BY REGISTRAR 250 REG STRAR'S SIGNATOR OF THE PROPERTY OF THE PROPE	
10M REV, 1/68		Silver Spring, Md.   MAR 2 7 1969   Market	Judge

1		04365	MARYL DIVISION OF VITAL RECOR	AND STATE DEPAI DS, 301 W. PRESTON			
ing .		Items*13c,d,e,	FilmG411 4/7/69			,	04357
FIGURE GEORGE		CEASED NAME First ype or print) Ef	Middle fie V.	Lost Hort		20. DATE OF DEATH  Month  March	28, Year 969 2: 10 Pm
	3 SE		4 RACE White	S. DATE	OF BIRTH -24-75	6. AGE (in years lost birthday)	JF JHOER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	7a i	SIRTHPLACE (Stote or foreign itry) Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVE		COUNTY OF DEATH Prince Georges	Md Md
	10. (	ITY OR TOWN OF DEATH Adelphi	11 NAME OF HOSPITAL O give street address) flanor Care	Nursing Hom	ortal 12a USUAL during mas	OCCUPATION (Kind of wark done it of working life, even if retired)	125 KIND OF BUSINESS OR INDUSTRY
1	13a adm	USUAL RESIDENCE (Where deceas ssion) STATE Laryland	ed lived, if institution: Residence bef	are 130 PAPAR TOWN	Le 13d INSIDE CITY EIME YES XX NO [	5 4 4 4 77 TZ	erdale Road
	14	ATHER'S NAME First	Middle Lo:	t IS MOTHER	R'S MAIDEN NAME Firs		Last
			W Berry MED FORCES?   16b. SOCIAL SECUR aur or dates of service)			Address	Horton
		NO CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), onc		cal Recor	d/Dt.	APPROXIMATE INTERVAL
prior to burial, crematian, or removal, and in ony event, witbiff		PART I. DEATH WAS CAUSED	nv .	ary Occlusio	on		Sudden
		Conditions, if any which gave nse to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE	clerotic Car	dio Vascu	lar Disease	Unknown
	<b>₹</b>	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIVEN IN PART 3(a)	
	CERTIFICATION		CONDITION FOR WHICH OPERATION WA	YI	AUTOPSÝ? ES NO 🔀	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	
	MEDICAL CE	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. Month Day 1	ear 19	`	nature of injury in Part 1 or Part 2,	
	1 12	at wark	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.		Street ar R.F.D Na	City or Town	County State
		220. I certify that (1) (the saw the deceased a couses stated above	is haspital) attended the dec live on 3-22- e, (I) (\dagger e) (did) (did nat) view	eased fram12= 1969_, and that i the body after death.	in (my) (our) opin	7., ta <u>3=28=</u> , 19 ion death accurred on the d	7_69, that (I) (we) last ote and hour and from the
		22b. SIGNATURE	House	DEGREE PH	TENDING MEI	D STAFE 22c.	DATE SIGNED 3-28-69
			. Houmann, M. D.			nsbury Road, Riv	
^		DUI LUA	il 1, 1969 Mt	OF CEMETERY OR CREMATO	cy	23d. LOCATION (City or Town) La Plata Char:	
.)	24.	FUNERAL DIRECTOR F Ga	sch's Sons Hyat	tsville, Md	2SO, RECT BY	REGISTRAR 25b. REGISTRAR:	



/ 1	1	04366	DIVISION OF VITAL RECORD		RESTON STREET, BALTI		1201 0 4 2 = 0	
17	It	em5 FilmG410 3			ATE OF DEATH	,	04358	
funeral s I and 2 fer death.		ECEASED-NAME Firs Type or print)	Middle Middle	Ц	Lost	20 DATE OF DEATH		HOUR P M
s after. rs after rs after	3. \$	Fenale	4. RACE Negro		5. DATE OF BIRTH /2-6-9	1885 6. AGE (In last birthd	VENTS IF UNDER 1 YEAR IS UNDER	R 24 HRS Min.
Thought the state of the state	70 (00	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED [ WIDOWED [	HEATK MAKKETED	9. COUNTY OF DEATH	3 eo.	Md.
-1 =3 8.E		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR give street oddress	عد لازور		L OCCUPATION (Kind of wo est of working life, even if		
	13a. adm	USUAL RESIDENCE (Where decedission) STATE	osed lived, if institution, Residence befa	re 13c CITY OR	TOWN 13d. INSIDE CITY LIA		BER St. N.E.	
be execution and complete remave	14.	FATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME FI	rsi	Middle Lost	
hysiciar hysiciar n pleas		WAS DECEASED EVER IN U.S. AR Yes, na, ar unknown) (If yes give	RMED FORCES? e war or dates of service)	TY NO. 17. IF	NFORMANT	A	Address	
TENDING PHYSICIAN: The law requires that the death certificate be executed ined by the haspital ar attending physician.  NR: After this certificate has been signed by the attending physician and cample build be detached for use as the burial-transit permit. Then please remave can the State Dept. of Health prior to burial, cremation, or removal, and in any event		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR, AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEATH BUT	OF COLL OF NOT RELATED TO	Arres  Atrylhocu  thylhocu  the TERMHAR DISEASE ORC	//	APPROXIMATE MITER BETWEEN ONSET AND O  The 3 day  2 mm	DEATH OF A THE STATE
The law of attending has been se as the th prior ta	CERTIFICATION	19a, DATE OF OPERATION 198	b. CONDITION FOR WHICH OPERATION WAS		20a. AUTOPSY? YES NO	206 IF YES, WERE F CAUSES OF DEATH?	INDINGS CONSIDERED IN CERTIFYIN	IG
SICIAN: spital ar entificate ed for u	MEDICAL CER	2 a ACCIDENT WAS UNDERLY  OR COMPRIBUTING CAUSE OF DE.  (If either, notify medical exam	HOUR A.M. Month Day Yenniner) P.M.	19	W INJURY OCCURRED (Enter			
G PHY the har r this ca detach te Dept	2	at work at work	e PLACE OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING ETC.		CATION Street or R.F.D No.	City or Town		State
TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		saw the deceased couses stated above	this hospital) attended the dece alive on 3 ve, (1) (we) (did) (did not) view th	_19/-2_7and	thất in (my) (our) opi	28, ta 3/2 nion death occurred o	n the dote and hour and fro	ve) last om the
LOR A be retropied by specified with		22b SIGNATURE	e R Lagu	~, MARRI	EL PHYS.	ED. STAFF C	22c. DATE SIGNED	
O HOSPITAL Page 4 may O FUNERAL ( director, pag should be fil	02.4	22d. PHYSICIAN'S NAME (Type)	LERED R. L	APILI		123d LOCALION GERRY OF TO	MD (Caretal Care	-1
110	23d	BUR AL, CREMATION, REMOVAL (Specify)  EMNERAL DIRECTOR	3 11/1//	of cemetery or	inoughk	1 am	(State County) (State	-
30M REV LINE	17	Vin OSUNO A		9a) 26	CAR MAR	1969 7	Charles Jacker	



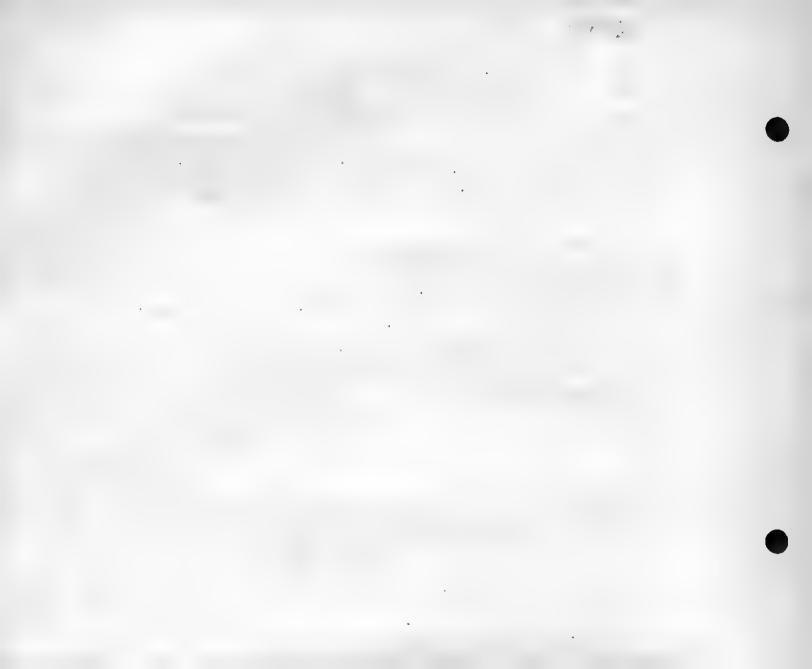
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04367 04359 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived it/histitut an Residence before odmission) o. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits/ write RURAL and give nearest town) C LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corparate tra write RURAL and give negrest fown) certificate be executed within 24 haurs not in haspital, give street address) d STREET ADDRE IS RESIDEN 3. NAME OF remave carban First DATE DECEASED OF and in any event, (Type or print DEATH 5 SEX 6. COLOR OR RACE. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Doys Hours WIDOWED DIVORCED and IDa USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY 3 during most of working life, even if satired) UNDUSTRY merke 13. FATHER'S NAME MOTHER'S MAIDEN NAM crematian, ar remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).
PART DEATH WAS CAUSED BY: signed by the burial-transit burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (6) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove nse ta immediate cause (a), DUE TO stating the underlying cause the certificate has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES [ NO 20b DESCRIBE HOW INJURY OCCURRED (Enternature of injury in Part I or Port II of Item 18.) 20o, ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour a.m. factory, street, affice bldg, etc.) Not While at work at wark , 1968, to 3-26 21. I certify that (1) (this hospital) attended the deceased from 16-4 , 19,55% that (I) (we) last saw the deceased alive an A-15 1969, and that death accurred at 10,156M, from causes and an the date stated above. TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Suitland, Maryland Cedar Hill Cemetery 24 SFUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Wash. Leavella DAMAR 1661-Gd. Hope Rd. SE DC. Simmons Bros.

ı	04368	DIVISION OF			ESTON STREET, ATE OF DEA		E, MARYLAND 21	201	043	160
1.	DECEASED NAME FI	rst	Middle		Lost		DATE OF DEATH			2b HOUR
1	(Type ar print)	Baby Bo	V	Imh	oden		March	18.	1969	7:50AM
3.	SEX	4. RACE			S. DATE OF BIRTH		6. AGE (In ye		IF UNDER I YEAR	IF UNDER 24 HRS.
L	Male	White	9		March 1	8, 1969	last birthdo	YRS.	IDNTHS DAYS	HOURS MIN
	BIRTHPLACE (State or fareign	76 CITIZEN OF WH	IAT COUNTRY?	B. MARRIED	NEVER MARRIED	9 COU	INTY OF DEATH			
L	Maryland	1/1/		WIDOWED		4 4 44	ice George	<sup>t</sup> s		Md
10	. CITY OR TOWN OF DEATH	11 NA	IME OF HOSPITAL OR IN treet address)	STITUTION (If na			JPATION (Kind at war working life, even if re		126 KIND OF I	SUSINESS OR
<u>_</u>	Cheverly	Pi	rince Geor	ge's Ge	en.Hosp.				III SSTAT	
	o USUAL RESIDENCE (Where dec mission) STATE	eased lived if instituti  H3be(OUNTY	on Residence before George 's		VECT	SIDE CITY LIMITS?	13e STREET AND NUA			
	MD MD			Kent Lar	ıd		3202 76±		nue	
1	FATHER'S NAME First	Middle 6	Last		MOTHER 5 MAIDEN	NAME First		iddle	Manne	Lost
14	o. WAS DECEASED EVER IN U.S.	rd J.	Inbod	NO 17 IN	FORMANT	Lind		dress	Maxwe	TT
1"	Yes, no, or unknown) (II yes gr	ve war or dates of service)	TOO. SOCIAL SECONITY	110, 10 111	I VRAWIII		AC	UI 633		
=	IB. CAUSE OF DEATH (Enter	noly and course per lie	ne for (a) (b) and (c)	11					APPROXIN	NATE INTERVA.
	PART I. DEATH WAS CAU	ISED BY	4	ATUR	1 T Y				BELMEEN DI	ISET AND DEATH
	790. IMM	DIATE CAUSE (a)	S A CONSEQUÊNCE OF		,					
L	Conditions, if ony, which gov	/0 }	O P CONSEQUENCE OF							
L	ise to immediate couse (a stating the underlying cause	7/ 00 70 00 4	S A CONSEQUENCE OF							
Г	last.	(c)								
П	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION	ON GIVEN IN PART 1(0)			
2					-					
COTICICATION	190 DATE OF OPERATION 1	9b. CONDITION FOR WH	ICH OPERATION WAS PI	ERFORMED	20g. AUTOPSY?		20b. IF YES, WERE FII CAUSES OF DEATH?	IDINGS (OI	NSIDERED IN CE	RTIFYING
SOTIE	Discussion was appearance	VINC. Inc. sec.	I II I I I I I I I I I I I I I I I I I	lai va	YES 🔲	NO 🗆		0 10 1	101	
		DEATH HOMER A.M.		21c. HO	W INJUKT OCCURRED	U (Enter nature	e of injury in Port 3 or	Part 2, lte	em (B.)	
MEDICAL	(If either, notify medical exa	miner) P.M.	1	9	CATION CA AL D	ED No	(A. a. 7		County	State
1	21d. INJURY OCCURRED 2 While Not while at wark	1e. PLACE OF INJURY	OFFICE BUILDING, ETC	211 100	ATION STREET OF K	CP.D. NO.	City or Tawn		Launry	21018
	220. I certify that (I)	this bassitall sta	anded the deces	ad from	March 18	19 69	to March	18 10 6	9 that	(I) (wa) Inc.
	saw the deceased	olive on Man	rch_18	19_69 ond	that in (my) (o	ur) opinion (	death occurred on	the dot	e ond hour	and from the
	causes stated abo	ive, (I) (we) (did)y	(did nat) view the	body ofter d	eath.	, , ,				
	22b. SIGNATURE	1617	1 1	PIN	ATTENDING	MED.	STAFF	22c D/	ATE SIGNED	
	Jahre	MULITE	with 1	DEGRE	E PHYS	DIRECTO	R LJ PHYS. L	1 ->-	18-0	9
	22d. Physician S Name (Type)	mentals A. D.	W	D	22e ADDRESS	awl and	Carrann Pas	.a c.	ahmaal	Mp /
-	Par	rick A. R		CEMETERY OR (			Severn Roa LOCAT ON (City or Toy			
23	be Burial, CREMATION, 23  REMOVAL (Specify)  Cremation	3-29-69			eneral Ho	0870. C	heverly, I	vn) Prince	(County) e Georg	(State)
2	FUNERAL DIRECTOR	7-29-09	ADDRESS	7	250	RECD BY REGI	STRAR 25b REG	ISTRAR S S	GNATURE	,
(	Harry W. Penri	Jr Adm	inistrato	r	DAT		3 1969 W	lian	my Joseph	se.
压										

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF REALTH



. 1.0	MARYLAND STATE DEPARTMENT OF HEALTH				
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	04370		CERTIFICATE OF DEAT	04362	
A CHE	1. DECEASED NAME Firs	Middle	Last	2o. DATE OF OEATH	2b HOUR
de oil	(Type or print)	ATE H	IS BELL	MAISCH 2	7 1969 74 M
	3 SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
e law requires that the death certificate be executed within 24 haurs after tending physician.  The been signed by the attending physician and completely filled in by the case the burial-transit permit. Then please service corban papers. Pages prior to burial, cremation, or removal, and in any event, within 72 hours after the property of the proper	FEMALE	WHITE	7-18-18	last by thatay YRS	MONTHS DAYS HOURS MIN.
haurs in by ers. P 2 hour	70 BIRTHPLACE (State or foreign country)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 lind irr	OKEGON	0314.	WIDOWED DIVORCED	PRINCE GE	ORGES Md
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs be retained by the hospital or attending physician.  JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 3 should be stated for use as the burial-transit permit. Then please service corban papers. Po ed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours to the state Dept.	10, CITY OR TOWN OF DEATH	qive street address)		USUAL OCCUPATION (Kind of work done g mpst of working life, even if retired)	
with ban ban with	MARGOW HO	575 38195T	BARNABAS RID	HOUSE WIFE	AT HOME
of plei	130 USJA: RESIDENCE (Where deceled admission) STATE	osed lived, if institution. Residence before 13b. COUNTY	1	No. CT	/
ecut come ove	190	7	MIHRDOW MUIS	- 20173/3	PARNABAS RD
Loon loon	14. FATHER'S NAME First	Middle	IS. MOTHER'S MAIDEN NAM	AE First Middle	Lost
¥ 4°2,5 1	WILLI	9M S JON	IES LOUVER	BEA & EP,	PERSON
on ed	Tod. WAS DECEASED EVER IN U.S. AF Yes, no, or unknown) (If yes give	(MED FORCES? 16b. SOCIAL SECUR	ITY NO. 17 INFORMANT	Address	
errificate of physican of ten please.	NO O	- 578-52	-29/3 RUTH M	CODY SAME	95 /3E
he death cer e ottending p permit. The		my one couse per line for (o), (b), and	(c))		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
aff.	PART I. DEATH WAS CAUS	ED BY: HATE CAUSE (a) CERT	BRAL HEMOVY	bige	24km
offe offern on, o	4317	OUE TO, OR AS A CONSEQUENCE	OF .		
the state of the s	Canditions, if any, which gave		red orten or	lave	2 year
thot by t ans	rise to immediate cause (o) stating the underlying cause		ØF .		
sicion sicion plant plan	last.	(c)			
OR ATTENDING PHYSICIAN: The low requires that the be retained by the hospital or attending physician.  JIRECTOR: After this certificate has been signed by the cape 3 should be letoched for use as the burial-transit pred with the State Dept. of Health prior to burial, cremotion	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(0)	
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\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	190 DATE OF OPERATION 191	. CONDITION FOR WHICH OPERATION WA	S PERFORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
2 th 2 a 2			YES 🗀 NO	CAUSES OF DEATH?	
S ear se ?				Enter nature of injury in Part 1 or Part 2	, Item 18.)
CIAN Transferon	Great Contributing Cause of be		901		
respondence con control of the contr	- ZIG INZUKI UCCUKKED ZI		FACTORY.) 21f. LOCATION Street or R.F.D	Na. City ar Town	Caunty State
4 5 E E E	While Not while at work	torrer aniemo, ere			
De et		his haspital) attended the dece	osed from Dea , 1	964, 10 Mul 271	9.69, that (I) (we) lost
NDI Pd be	saw the deceased	olive on March	ased fram, 19.64, and that in (my) (our)	opinion death accurred on the	date and haur and from the
Big Sort		re, (I) (we) (did) (did not) view t	he body after death.		DATE CIPLIED
R A SECTION WITH WITH WITH	22b. SIGNATURE	7 Nou las	DEGREE PHYS	MED STAFF	C DATE SIGNED
0 9 6 8 P	amul	annueur	DEGREE PHYS LAS	DIRECTOR LI PHYS LI	14// 69
Mary De f	22d. PHYSICIAN S NAME (Type)	ECT F / DAVE	LSEN 51031	MADIBORD F	1 80
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be lletoched for use as the should be filed with the State Dept. of Health prior to	LIEN	DIVE OPERAL.		224 LOCATION (ChT.	(County) (Conto)
Be oge	230 BURIAL, (REMATION, 23b	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
2 0 0	24 FUNERAL DIRECTOR A	ADDR	W/W6/5N/V///	CD BY REGISTRAR 25b. REGISTRAR	'S STONATURE
VR A15 (4) 30M REV 1/68	W.W. Chant	as 6 517-11	ONE TONE	VAT. A	





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04364 04372 CERTIFICATE OF DEATH executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, 'f institution: Residence before admission) o COUNTY o. STATE b. COUNTY b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 (If autside corporate limits, write RURAL and give nearest town) 1 month d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? 338 HURON DRIVE IARdens NO DE NAME OF carbon Middle 4 DATE Yeor ≥ DECEASED OF burial, cremation, ar remayal, and in any event, (Type or print) DEATH SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED 9 AGE (In years JNDER 24 HRS NEVER MARRIED lost birthday) Months WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPEACE (County & State, or foreign country) attending physicians COUNTRY? METER requires that the death certificate 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ELLEN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 37 INFORMANT Address 398 (Yes, no, or unknown) (If yes give war ar dates of service) 7-68-7685-JI MRS. 18 CAUSE OF DEATH (Enter only one couse per line for (a),, (b), and (c) ).
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUILINGT RELATED TO WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (Stote) Not While factory, street, office bldg., etc ) 21. I certify that (1) (this haspital) attended the deceased from 2 - 7 - 69deceased fram 3 - 7 - 69, 19 69, to 3 - 8, 19 69 that (1) (we) last 19 7, and that death accurred at 3 - 8 M, fram causes and on the date stated above. 19 6 9 that (1) (we) last O HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: saw the deceased alive an\_ 22a SIGNATURE 22b. DATE SIGNED directar, page S shauld be filed 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23d LOCATION (City of Town)
BLADENSBURG (State) 250 RECORT REGISTRARO CO 256 DECISTRAR S-STENATURE GO BORESS ANNA COLIS RA. 250 LANHAM, MARYLAND DATE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



HEALTH DEPT.   DECEASED MARKS   First   Middle   Lost   20 DATE KNOWN   Month Day Yeor	6:55pmM 2d HOUR
*HEALTH DEPT. I DECEASED AME First Middle Lost 20 DATE KNOWN Month Day Yeor	6:55pmM 2d HOUR
(iype or Print)  Claude Burton H Johnson Jr DEATH MATED 3 3-9-69 19  3 SEX 14 RAFF   5 DATE OF BIRTH   16 AGE to warre   15 UNDER 14 HRS   15 UNDER 24 HRS   25 DATE OF BIRTH   16 AGE to warre   15 UNDER 14 HRS   25 DATE OF BIRTH   16 AGE to warre   15 UNDER 14 HRS   25 DATE OF BIRTH   16 AGE to warre   15 UNDER 14 HRS   25 DATE OF BIRTH   16 AGE to warre   15 UNDER 14 HRS   25 DATE OF BIRTH   16 AGE to warre   15 UNDER 14 HRS   25 DATE OF BIRTH   16 AGE to warre   15 UNDER 14 HRS   15 UNDER 24 HRS   25 DATE OF BIRTH   16 AGE to warre   15 UNDER 14 HRS   15 UNDER 24 HRS   15 UNDER 2	2d HOUR
3 SFX A RAFF S DATE OF BIRTH TO AGE I F UNDER 1 FEAR IF UNDER 24 HRS 20 DATE PROMOTENTED DEAD	2d HOUR
TO THE PROPERTY OF THE PROPERT	
Male White 3-22-1980 48 YRS DAYS HOURS M.N Month 3 9 69 197	: Bom M
70 BIRTHPLACE (Stote or fore gn 7b CITIZEN OF WHAT COUNTRY? AS MARRIED TINVER MARRIED 19 COUNTRY OF DEATH	
COLORTY Washington D C U S A WIDOWED DIVORCED Prince George's	Md
10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 20 KIND OF	BUSINESS OR
Green oddress)  Green oddress   George Hospital   Green oddress   Cheverly   Prince George Hospital   Superintendent   C. Sar	itatio
130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d IMSIDE CITY JUNIOS2 13e STREET AND NUMBER	
Commission) STATE   13b (OUNTY   State   13b (OUNTY   George   S   Nent Forrest   YES   NO   8736 Allendale Driv	re
Country Washington D C U S A WIDOWED DIVORCED Prince George s  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12. CHEVERLY  13. USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN  130 USUAL RESIDENCE CONTROL (Residence of the control of the contr	Lost
Zer zer Claude B Johnson sr	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS  (Yes, no, or unknown) (thyse governor or deles of service) FIG. 9. OCT OCC 4.	
(Yes, no, or Unknown) (Hyss grow war or doles of service) 578 07 9994 Margaret L Hohnson Palmer rark, Ad.	LATE INTERVAL
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  Find at a small and	ESET AND DEATH
PART I. DEATH WAS CAUSED BY.  7 94 9 IMMEDIATE CAUSE (o) Undetermined	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )	
rise to immediate course (a).  DUE TO, OR AS A CONSEQUENCE OF	
storing the underlying couse lost.	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (4)	
a se ded	
190. DATE OF OPERATION  190. DATE OF OPERATION  WAS PERFORMED?  190. DATE OF OPERATION  WAS PERFORMED?  YES [  210. EXTERNAL CAUSE WAS   21b. TIME OF INJURY Month, Day, Year   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  PRIMARY OF CONTRIBUTING   HOUR A.M.	PSY?
WAS PERFORMED?	X NO []
21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	
CAUSE OF DEATH P.M 19  CAUSE OF DEATH P.M 19  21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	Slote
PRIMARY OR CONTRIBUTING HOUR A M.  P.M.  19  21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. INJURY OCCURRED  AT WORK  22o I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry, and in death resulted from: Notural eguses, Accident, Suicide, Homicide, Undetermined monner	
220   certify that I took charge of the remains described above, held on Autopsy (x), Inspection (x), Inquiry (), and in	my opin on
deoth resulted from: Noturol equises	• •
CHIEF MEDICAL EXAMINER  ACTUAL  ACTUAL	
ACTUAL SIGNATURE SIGNATURE 22b. DATE SIGNED	
DEPUTY MEDICAL EXAMINER IN 3-10-69	
deoth resulted from: Noturol equises	
REMOVAL (Specify) / 1 store 17 1000   hombination hotioned   a six 1 2 0	(Slole)
Runiali / I that I'm I to do	Md.
[ ] 12 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Care.
VR AISME [5] DATEMAR 1 3 1969 FURTHER 1788 DATEMAR 1 3 1969	



		MARYLAND STATE DEPARTMENT OF HEALTH	
COD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04366
FOR STATE HEALTH DEPT.	1 0	WEDICAL EXAMINER'S CERTIFICATE OF DEATH  ECCASED NAME  First  Middle  Lost  Lo	
	1	Type or Print)	
y 15 3 to age	2.6	James Richard Johnson DEATH MATED X 3-25	
dela 3. P	3 5	last birthday) Months DAYS HOURS Min Month Day	2d HOUR
2, and 3 ta PM3. Page		ale   Negro   21 June 1895   173   185	69 194: 34pm N
ath ny delay is ages 1, 2, and 3 to th form PM3. Page Start Beat of start Beat Beat Start Beat Start Beat Beat Beat Beat Beat Beat Beat Bea	(an	B RTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
2 p p ( 184 )	E.C	MIAS. (A. MIA.) CONTINUE WINDOWED A DIVOKED   Prince George's	M
P S F S	, ,		2b. KIND OF BUSINESS OR NDUSTRY
p signature of the sign		Cheverly Prince George Hospital 20	
affe alan with			
d2 d		Tally and I Title deorge's Measurood 1 = = 110. 702	
hours after de Item 18. Give F Office alang w 1 and 2 with the after death	14.	ATHER'S NAME First Middle Lost 15 MOZHER'S MAIDEN NAME First Middle	405†
nith 124 million 24 mi	14.0	WAS DECEASED EVER IN U.S. ARMED FORCES? 1:66 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	<u> </u>
hin 24 and a seeders hours		As no or university   (More and university of delivers)	7171
should be executed with a word "pending" in per the Chief Medical Examination or unal-transit permit file in any event within 72	-		APPROXIMATE INTERVAL
ted in the		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART L DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
ding ding ledik		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Heart failure	minutes
sit g		OUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 2 yrs.
d b d d d d d d Chie rran y ev	1	rise ta ımmediate cause (a), (b)	
shauld be executer ne word "pending" o the Chief Medical burial-transit permit I in any event withi		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh he to 1 bur		(c)	1
INER: This certificate should be executed within 24 hours after death in certificate, writing the word "pending" in periods a litem 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  3 should be used as a burial-transit permit file pages 1 and 2 with the state Denation, ar removal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ratification of the second of	§	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
s ce e, w forv	CERTIFICATION	WAS PERFORMED?	YES NO TO
Thu icata be be d be ar r	CERT	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
INER: This certificate writing should be forwarder files.  3 should be used as should be used as nation, ar removal.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.	
KAMINER: te the certi ge 4 should your files. age 3 shoul crematian,	Ne G	21d NURY OCCURRED 2.e PLACE OF IN. JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
AAM e th aur ige rem		WHILE NOT WHILE factory, affice building, etc.)	
bical EXAMINER: se execute the certiform. Page 4 should ned far yaur files. ECTOR: Page 3 shou		220. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry ,	, and in my apinior
rcal Electric executor. Page far version for being far burial, burial,		death resulted from Notural codes & Accident // Suicide , Homicide Undetermined manner	, and in my aprillor
please I director retained L DIREC			
UTY please is a property please is a present in the		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SI	IGNED
UTY, Day, De be		STONATURE TO STONE THE STO	3-26-69
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page. Health prior to burial, crem.		EXAMINER'S NAME (Type) John Kenoe ND Riverdale, 11d. ADDRESS (Street, city, tawn, or county)	
The The Street	230	OUR AL, CREMATON, 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (CIV or Town)	Kauntyl (State)
	17	Jurial 3-29-69 St. Philip's Ch. Com. agases Pr	· Ses. Md.
CO	24	FUNERAL DIRECTOR 250 RECD BY REGISTRAR 256 REGISTRARS SI	GNATURE
VR A15ME (5)	1	Martell adams aguases, Md. DAPR 1 1969	Confee
Commercial Control	-	y and the second	



1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
and the same of th		04375		CERTIFICATE OF DEAT		04367					
death.		ECEASED-NAME First	CHER L.	KEETOW	20. DATE OF DEATH	2 Year 9 730 PM					
s offer	3. 5	M	4 RACE C au	S. DATE OF BIRTH	6. AGE (In years last burthday) YRS.	OF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS MOURS MIN					
24 hawl d in by pers. P	COL	BIRTHPLACE (State ar fareign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Prince Geor	405 Md.					
within 24 ely filled   ban pape	L	CITY OR TOWN OF DEATH	give street address	forfital dury	USUAL OCCUPATION (Kind of work done raymost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY					
campletely campletely pove carban ny event, win	adn	issian) STATE Md	assed lived, if institution: Residence before	Col MAC MANN YES [	CITY LIM TS? 13e. STREET AND NUMBER NO 1 4308 how	ward Rd					
ate be exercted within 24 haurs lician and campetely filled in by lease hanave carbon papers. Paur and in any event, within 72 haur	L	FATHER'S NAME FIRST	Middle Last	1s. MOTHER'S MAIDEN NAI	rise Fisher	lasi					
rtificate physicio en plea aval, an		WAS DECEASED EVER IN U.S. AI	RMED FORCES?  (a war or dotes at service)   16b SOCIAL SECURITY  (b war or dotes at service)   578/C/L	04 Tratherin	e Heater Coth	un maner med					
requires that the death certificate be exercised within 24 hours after death a physician.  signed by the attending physician and completely filled in by the terminal by the standard completely filled in by the terminal abundal complete. Property and in any event, within 72 hours between a bunal, cremation, ar remayal, and in any event, within 72 hours between		PART I. DEATH WAS CAUS	DIATE CAUSE (a)	ear fail	une	APPROXIMATE INTERVAL OTTWEEN ONSET AND DEATH MY N J LOS					
hat the 1. 1. y the al ansit pe		Canditians, if any, which gave rise to immediate cause (a)	).( (b)	W, seve	2-2-	years					
quires that the physician. signed by the burial-transit burial, cremat		stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (I	(t)ONDITIONS CONTRIBUTING TO DEATH BUT I		OR CONDITION GIVEN IN PART 1(a)						
The law attendin has beel se as the	CERTIFICATIO	190. DATE OF OPERATION 19	6 CONDIT ON FOR WHICH OPERATION WAS P		206 IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CERTIFYING					
SICIAN: pital ar rrificate ad far u af Heal	MEDICAL CER	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF BI filf either, natify medical exam	EATN HOUR A.M. Manth Day Year miner) P.M.	9	(Enter nature of injury in Part 1 or Part 2,						
this this detac	×	While Not while at wark	Te. PLACE OF INJURY (AT HOME, FARM, STREET, E. OFFICE BUILDING, ETC.			Caunty State					
		saw the deceased couses stated abor	olive on (did) (did not) view the	sed, from	19_6_7, ta	that (i) (we) last are and have ond from the					
OR ATTENI be retained DIRECTOR: A ge 3 should led with the		22h STENATURE	ancelore	MADEOREE PHYS	MED STAFF 22c.	DATE SIGNED 69					
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should be filed with the		22d. PHYSICIAN'S NAME (Type)	I A Delbk	E. MD 22e. ADDRESS 13 4/5	HANICTON	ST Hyathille					
Page direc	230	DEMONIAL (Const.)	ar. 26, 1969 Ft I	cemetery or crematory incoln Cemetery	23d LOCATION (City or Town)  Colman Manor Pr	(County) (State)					
VR A15 (17)		FUNERAL DIRECTOR	asch's Sons Hyatts	S 250 RF		SIGNATURE					



MARYLAND STATE DEPARTMENT OF HEALTH

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TATE		04377 DIV				ESTON STREET, BALTIN'S CERTIFICATE (		LAND 21201		0	436	3
DEPT.		CEASED-NAME	First		Middle	Lost		20 DATE KNOW		Doy	Yeor	2b HOUR
ytore Deportment of	£1,	rpe or Print)	_ Eva		Annna	Ketchu	m.	OF ESTI DEATH MATE	0.83	9	169	am w
	3 SE	4 RACE	S DAT	E OF BIRTH -	6 AGE (	n years IF UNDER I YEAR (thicky) MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONC		٧		2d HOUR
-		F W		_Oct.,	1902 66	YRS.		Month 3	Doy ll	L Teo	19 69	6:000
17	7o B	RTHPLACE (Stote or Foreign	7b. CITIZEN	OF WHAT C		MARRIED NEVER MARR		INTY OF DEATH				Pm
	- [.]	TY OR TOWN OF DEATH	<u>. C</u>	U.	5, 1		CED 🔲		George			Md
	10. CI	I OK IOMII O. DENIII		give street	oddress)	ITUTION (If not in hospital		CUPATION (Kind f working life, e		INDUSTR'	D OF BUSIN Y	IESS OR
Ŀ	130	Hvatts: JSUAL RESIDENCE (Where o	ville	'f institut on		OTHE	INSIDE CITY LIMITS?	13e STREET AND	, MINDED	1		
, [ˈ	od	mission) STATE	13b (C	DUNTY	Kazidaura palotei	e Hyattsville			Queens	Chan	el Rá	
F	4 FA	THER'S NAME First		Middle	lost	15 MOTHER'S MAIDE	N NAME First	7207	Middle	Onap	Lost	
	** 12	Hol	N 1	4.	JKEDE		ARETT	t	ZEL	LEI		
1	60. V	AS DECEASED EVER IN U.S. AR	MED FORCES?		SOCIAL SECURITY NO	17 INFORMANT	orke	5799 4	DDRESS A	V		
	{70	s, no, or unknown) (If	es give war or dates a	(service)	7710724	7A FRITZ 11	REDE		ILLE,	MD		
Г	П	1B. CAUSE OF DEATH (En	er only one cou	se per line fi	or (a), (b), and (c).)					BETY	PPROXIMATE II WEEN ONSET A	NTERVAL NO DEATH
		PART I. DEATH WAS (	AUSED BY MEDIATE CAUSE	(0)		Liver fa	ilure				Hrs	
1		2011		TO, OR AS	A CONSEQUENCE OF							
		Conditions, if ony/which g rise to immediate couse	(a)	(b)		Cirrhosi	s of liv	ver				
		stoting the underlying colost.	use DUE	TO, OR AS	A CONSEQUENCE OF							
1			COMPUTADUS CO	(c)	O DESTIL DUE NOT E	CLATTO TO THE TERMINAL DICT	TACE OR COMPLETE	91 0 JON 10 0.51				
ı		AKT Z. UTHER SIGNIFICANT	CONDITIONS COL	NIKIBUTING	IO DEVIN ROL MOL N	ELATED TO THE TERMINAL DISE	EASE OR CONDITIE	IN GIVEN IN PAKI	1(0)			
-	CERTIFICATION	190. DATE OF OPERATION		19b	CONDITION FOR WH	ICH OPERATION				20.	AUTOPSY?	
1					WAS PERFORMED?						YES [	NO 🔀
1000	ĕ l	210 EXTERNAL CAUSE WAS			RY Month, Doy, Year	21c HOW INJURY OCCU	URRED (Enter notu	re of injury in Po	ort 1 or Port 2,	item 18.)		
1	MEDICAL	PRIMARY OR CONTRIBUT		HOUR A.M. P.M.	19							
1	¥	1	21e PLACE OF 1	NJURY (At he	ome form street,	21f. LOCATION Street or	R.F.D. No	City or Tow	/n	County	Y	Store
		AT WORK AT WORK			,							
		•		~	. / /	above, held an Autop	sy 🔲, 🔝 In:	spection 📑	Inquiry [		nd in my	opinion
		death resulted fro	m Natur	al sayses	Accident	, Suicide , I	Hamicide 🔲	Undetermi	ned manner			
		ACTUAL	//-	Va	Kill		MEDICAL EXAMIN		A41 B	P 01011-0		
		SIGNATURE	The	M.	V		TANT MEDICAL EXA			E SIGNED		
		EXAMINER'S NAME (Type)	Your Ke	hoe,	M.D., Riv	erdale DEPUT	TY MEDICAL EXAMI ESS(Street, city, to		1-1	3-69		
=	230	BURIAL, CREMATION,	236 DATE		237 NAME OF C	METERY OR CREMATORY		LOCATION (City	or Town	(County)	(Sto	nta)
	42	BEMOYAL (Specify)	13-12	-1969		. 11 10.	EM 1/	754111C	tou.	(cooliny)	1010	710)
1	24	UNERAL DIRECTOR	15-75	٢) ،	- ADDRES	160 2	250 REC D BY RE	G STRAR 2	Sb REGISTRAR		RE	
	11	MAMP	ERS (	90 1	CIVERDAL	E, MD,	DATEMAR 1	8 1969	Muc	with i	by he will	Ł

MARYLAND STATE DEPARTMENT OF HEALTH



	1			ND STATE DEPARTMENT OF HEALTH	
10-1-		04378	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH	04370
. ~ .	-	ECEASED-NAME	First Middle		
after death.		[vne or print]	Alexander VINCEA	LIACHK III.	Day 1969 3:59AM
ful ful fer	3. 5	X	4. RACE	S. DATE OF BIRTH 6 AGE (in years	IF JNDER 1 YEAR IF UNDER 24 HRS
ours after		ale	White	JAN 13.1918   ast burthday)	YRS MONTHS DAYS HOURS MIN
hours Phouga	/a	BIRTHPLACE (State or foreign		8 MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
4 8 gg		NEW YORK		WIDOWED DIVORCED Prince George	
within 24 filled bon pdpe within 2	C	TITY OR TOWN OF DEATH	owe street address) Prince Gero	NSTITUTION (If not in hospital local pation) (Kind of work of during most of work ng its, even if retired by the second pation) (Kind of work of during most of work ng its, even if retired pation) (Kind of work of during most of work ng its, even if retired pation) (Kind of work of during most of work of work of during most of work	ed) INDUSTRY
ured v mpleti ve cari	13a adn	uSUAL RESIDENCE (Where de issian) STATE M.D.	eceased lived, if institution Residence before 13b (OJNTY Prince George's	e 13c (ITY OR TOWN 13d INS DE CITY LIMITS7 13e. STREET AND NUMBE N. Carrolton YES NO 6229 86th	R
xec nov	14	FATHER S NAME Errst	Middle Lost	S MOTHER'S MAIDEN NAME First Midd	
be e se rei		VINCENT	KLOSEK	WADDSLARMA. KACZ	INSKY.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital or ottending physician.  IRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral et 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers and offer a lond 2 ad with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 22 hours after death.	lóo	WAS DECEASED EVER IN U.S es, ng, or unknown) (19 yes	ARMED FORCES?  give war or dates of service   W.W. II 051095	MARC MARY D. ILLUSER	"ME AS# 13
The gar		18. CAUSE OF DEATH (Ente	er any ane cause per line far (a), (b), and (AUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
de indiana		PART I. DEATH WAS CA	AUSED BY: MEDIATE CAUSE (g) M YO CARDY	AL INFARCTION	THE PERIOD OF TH
e de otte		4100	DUE TO, OR AS A CONSEQUENCE O		
t the the sit p		Cand I ans, if any, which go	ove) AUTERIA	ICLERCTIC HEART DISSUIS	142
thot in. by i		rise to immediate cause ( stating the underlying car	(a), {		
equires tho physician. signed by buriol-tran buriol, crer		last.	(t)		
Phy Phy Suri		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
v re mg en he to	<sub>=</sub>		ESSENTIAL	HYPERTBUSIER	,
lay endia s be os t rior	Ιŝ	19a. DATE OF OPERATION	195. CONDITION FOR WHICH OPERATION WAS I		NGS CONSIDERED IN CERTIFYING
골 등 프 S 로 상.	CERTIFICATION			YES NO KY CAUSES OF DEATH?	
Poge 4 may be retained by the haspital or otherding physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creating the state Dept.	MEDICAL CES	210 ACCIDENT WAS UNDER ON OR CONTRIBUTING CAUSE OF (If either, notify medical ex	FORATH HOUR A.M. Month Day Yea		rt 2, Item 18.)
asp asp	E.	2 d thury occurred		19 FACTORY, 21f. LOCATION Street or R.F.D. Na City or Tawn	County State
G PH the h this detoo		ot wark at wark			
by Affer be Stall		22a. I certify that (I)	(this haspital) attended the decea	sed from, 19 <u>66</u> , ta <del>FE13</del> 19 <b>69</b> , and that in (my) (aur) apinian death accurred an th	, 19 <u>69</u> , that (I) (we) last
TEN ined DR: A ould the		causes stated ab	pave, (I) (we) (did) (did nat) view the	e body after death.	e date and havr and fram the
A S S S S S S S S S S S S S S S S S S S		226 SIGNATURE	1 / 2 /2	ATTENDING MED STAFF	22c DATE SIGNED
OR be red weed w		100	uzham'lul,	DEGREE PHYS MED DIRECTOR PHYS.	3.31-69
AL Pood e fill		22d. PHYSICIAN'S NAME (Type)		22e ADDRESS	7
VER.		Dr.	Roger Ingham	5701 85th Ave. Carrollton	n, Md
TO HOSPITAL OR ATTEN Poge 4 moy be retained TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the	23a		101-1	F CEMETERY OR CREMATORY 23d .OCATION (City or Tawn)	(County) (State)
5-5-27	1		PRIL 2, 1969 BALTII	MORE NATIONAL CEM BALTIMORE, A	MARYLAND,
VR A15 4) V	24.	FUNERAL DIRECTOR	ADDRES	250. REC D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
45M 1/86	11	W.CHAMBERS	Go. RIVERDALE, A	DATAPR 7 1969 JCC	corles Judge



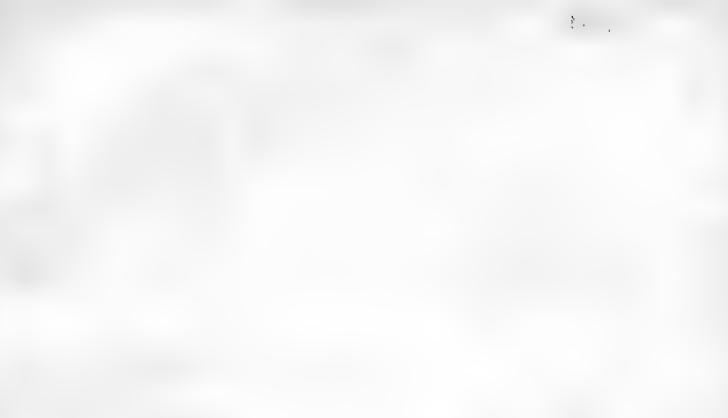
	It	emsl, 14817 FilmGill MARYLAND STATE DEPARTMENT OF HEALTH
	ūΖ	3/69 kk Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
		04379 CERTIFICATE OF DEATH 04371
± −2±		ECEASED-NAME First Middle Lost Koontz 2a. DATE OF DEATH 2b. HOUR
er death funeral 1 and er death	_ \	Type or print ORETTA LB. KOONTAL 3 North Boy Geor 8:15M
fer fer	3. S	EX 4. RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 14 ARS. I out birthday) MONTHS DAYS HOURS MAN
s at		FEMALE WHITE 6-29-04 64 YES
au yad	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 haurs after death. 29 haurs after death. 27 haurs ofter death.	LGU	
hin 24 haurs after filled in by the f n papers. Pages ithin 72 hours after	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Disorder of work done give street oddress)  12 USUAL OCCUPATION (Kind of work done in the property of the proper
A PER MILE	L	1DEI PHI M.D. PAINT BRANCH NURSING HOUSE WIFE
plet car	13a	1 CTUTE
campletely ove carban very		MARILARU WHEATON WHEKILAND 3902 UNLILUW MAD
e Executed within and completely fills remove carbon por remove carbon por any event, within	34	FAIHER'S NAME : Ellerian Addle Gray Loss 15 MOTHER'S MAIDEN NAME First Middle Lost
din	L	YILLARIANI H. KOOMITS MARY KEGINA ZAHNER
physician a pen please in and in and in and in a please in and in and in a please in and in an and in an		Was Deceased Ever in U.S. ARMED FORCES?  16b SOCIAL SECURITY NO.  17 INFORMANT A chael E. Koontz Address Weller  17 INFORMANT A chael E. Koontz Address Weller  18 INFORMANT A chael E. Koontz Address Weller
he death terrific attending phy permit. Then ian, or remaval	-	
d in in the second		B. CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c).)
attendi attendi permit.	ı	IMMEDIATE CAUSE (o)
he att		Conditions, if any, which gove)  DUE 10, OR AS A CONSEQUENCE OF  CEREBRAL ARTERIC SCLEROSIS  3 YEAR 2
that the death in.  by the attendin.  remation, or re	L	Inse to Immediate couse [q].
8 - 2 0		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF QENERAL ARTERIOSCLEROSIS 57 EULS
requires of physicion signed is burial-tr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
red po	L	CHRONIC BRAIN STNDROM
The law re attending has been se as the h priar to	NO TA	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The affect of the property of	CERTIFICAT	YES NO NO CAUSES OF DEATH?
ealthe		21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
YSICIAN: aspital ar certificate hed for us of Health	MEDICAL	GRECONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
G PHYSICIAN the haspital this certifica detached far the Dept. of He	×	21d. INJURY OCCURRED 121e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
e de fris	}	ot work of work
by the Stat	1	22a. I certify that (I) (this haspital) attended the deceased from 1965, to MARCH /1, 1967, that (I) (we) last saw the deceased alive an MARCH /2, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the
EN Pred Pred Pred Pred Pred Pred Pred Pred		causes stated above, (1) (we) (did) (did not) view the body after death.
ATT ATT	١.	226 DATE SIGNATURE () 226 DATE SIGNED
OR ATTENDING be retained by the IIRECTOR: After i e 3 shauld be d ed with the State		THEM WOULD UND DEGREE PHYS DIRECTOR I STAFF I 3-16-1969
AL D		22d PHYSICIANS UD N'S WANKE NO 22e ADDRESS BUTTER DIE VORTE NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to		NAME (TYPE) HANS WODAR M.D. MIS CENTERNAY, GREENBELT, Mg
HO Bage hould	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
57 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10		Removal (Sparty) March 16 1969 (Alvery Cemetery Altaona Penna
VR A15 (4) 30M REV 1768	10	LELNERAL DIRECTOR Pumphrey, 9nd 28438 Gamathe. Sil. Spr. 7d REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAR 2 0 1969
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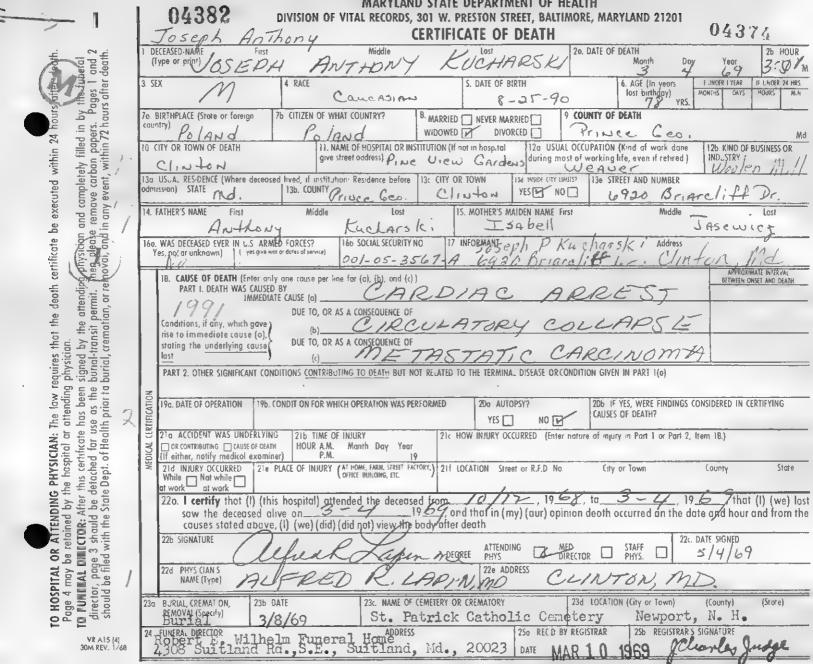
MAKTLAND STATE DEPAKTMENT OF HEALTH



		- 1		•			SIAIE DEPARTM				
17	1			04381	DIVISION OF V	ITAL RECORDS, 3	101 W. PRESTON STR	REET, BALTIMOR	E, MARYLAND 21201	07.20	1.6
>	•			04001		C	ERTIFICATE OF I	DEATH		0437	3
	2 2 2	- 1	I. DE	CEASED-NAME First		Middle	Lost	20.	DATE OF DEATH		2b HOUR
	eath ind 2	- 1		roe or print)		41	*		3 Month 30 Day	66 Year	300 M
	5 3	- 1	3. SE		4 RACE	10/	S. DATE OF BIR		70		UNDER 24 HRS.
	E TAKE		3. SE	part.					6. AGE (In years last birthday)		OURS MIN
	T E E			FEMALE	WHI	74	).	-25-9	67 TKS		
	nor in		70 B	IRTHPLACE (State or foreign	76. CITIZEN OF WHA		<sup>8</sup> married 📋 never marf	RIED 9. CO	UNTY OF DEATH		
	24 hours after death		COON	Wash. D. C.	U.S.		74—	(ED 📋 F	rince Georges		Md.
	E 8 8 E		10. C	TY OR TOWN OF DEATH	11. NAN	NE OF HOSPITAL OR INST	ITUTION (If not in hospital	12a USUAL OCC	IIPATION (Kind of work done	12b. KIND OF BUS	INESS OR
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician.  IRECTOR: After this certificate has been signed by the attending physician and completely. All the standard far use as the buriol-transit permit. Then please remove carbon passed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	7 1		Lanham	give str	eet address)	Cardens	during most of	working life, even if retired.)	INDUSTRY	
	d arbon d	0	13a	JSJAL RES DENCE (Where deceo	sed l'ved, if institution	n Residence before		L3d INSIDE C TY LIMITS?	13e STREET AND NUMBER		
	recuted comple c	1	odmi:	sian) STATE	13b COUNTY	Comme	Hvattsville	YES NO	5804 Maryhurs	t Drive	
	ond comprements only even	1	IA E	ATHER'S NAME First	Middle	Lost	15 MOTHER'S MA	Inchi Maner Erret	Middle		Lost
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	Se od i	′		Charle		Getting		Ade	le Lidane		
	cate Sicio			WAS DECEASED EVER IN U.S. AR	MED FURCES? wa or dates of service)	6b. SOCIAL SECURITY NO			Address		
	equires that the death certificate be exemply signed by the attending physicion and control-transit permit. Then please remo burial-transit permit. Then please remo			no		577-05-77	<u>73   Mrs. Ma</u>	<u>rilyn Joh</u>	<u>iolske Same as</u>		
	ne deoth cer attending p permit. The			1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse per line	for (a), (b), and (c).)				APPROXIMATE BETWEEN ONSET	
	et en			PART I. DEATH WAS CAUSE	:D BY. IATE (AUSE (a)	Curin	arrest			10-men	uli
	attendi permit.			110.0	1 /	A CONSEQUENCE OF					
	t the c			Canditions, if any, which gave		arlenge	he don't	+ 11.		morel	,
	or the			rise to immediate couse (a),	DUE TO OP AS	A CONSEQUENCE OF	many-pres		2		particular,
	# part			stating the under ying couse	DOL 10, OK AS	A CONSEQUENCE OF	/			Me	4 4
	equires that the physician signed by the burial-transit burial, cremat			<del></del>	(3)	NO TO DEATH BUT NO	COUPZA	DISTAGE ORGONDIT	(On Chirth in DART 1/-)	1	<u> </u>
	eque pois pois pois			PART 2 OTHER SIGNIFICANT CO	<u>וווטאואואסי</u> באטוייטאו	NG TO DEATH BUT NO	KELATED TO THE TERMINAL	. BISEASE OKCONDIT	IUN GIVEN IN PAKT I(d)		
	w reling		8						Y		
	s b as as	1	3	19e. DATE OF OPERATION 19b	. CONDITION FOR WHIC	H OPERATION WAS PER			20b. F YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERT	FYING
	R ATTENDING PHYSICIAN: The law re retained by the hospitol or offending ECTOR: After this certificate hos been 3 should be detached far use as the with the State Dept. of Health prior to	$\chi$	CERTIFICATION				YES 🗌	NO 🗌			
	N: or ote			21a. ACCIDENT WAS UNDERLYI			21c HOW INJURY OCC	URRED (Enter natur	re of injury in Part 1 or Part 2, i	tem IB.}	
	音音音		MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	Month Doy Year					
	YSI losp cer cer ther		ME	21d iN HERY OCCURRED 21e			DRY ) 21f LOCATION Street	t or RFD Na.	(ity or Town	County	State
	PH ne h his eta De			While Not while at wark	,,,	ALLE BRITTING, ELC	′				
	NG # #			22a I certify that (I) (th	nis hasnital) atter	ided the deceases	fram (96)	9 19	. 10 19	that (I	) (we) last
	After I be of Stote			22a. I certify that (I) (II saw the deceased of	alive on 3/	30/69 19	, and that in (m)	y) (aur) apinian	death accurred on the da	te and haur an	d fram the
	R ATTENI retained tECTOR: A 3 should with the			causes stated abov	e, (1), (we) (did) (c	lid not) view the b	ady after death.				
	A ST SEE			22b. SIGNATURE	0	// ,	ATTENDIN	IG - MED.	22c. (	DATE SIGNED	
	OR JEE				11 2	Les UN	DEGREE PHYS.	DIRECTO	OR PHYS.		
		-		22d. PHYSICIAN S			22e. ADDI	RESS			
	PH H	1		NAME (Type) Leon	R. Levitsk	(y /	3408	R.I. Ave	e. Mt Rainier,	Maryland	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached far use as the buriol-transhould be filed with the State Dept. of Health prior to burial, cre	*	230		DATE		EMETERY OR CREMATORY		LOCATION (City or Town)		(State)
	Pag Pag ofice sho		200	REMOVAL (Specify)	4-2-69		gton Nationa		Arlington	Va.	-,
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	wo			00 University	181 Vd. W.	Silver Sp	ring, Md.	DAIL			



Jan Start Start





W.		~ 1		01202	DIVISION OF			RESTON STREET, BAI		RYLAND 21201		
-		•		04383				ATE OF DEATH		KILAND ZIZOI	04375	
	€	=25-6		CEASED-NAME First		Mrddle		Last	2a. DATE O			26. Нфим
	qea	253	(1	ype or print) George		Henry	La	avalle		Manth Pa	Ye5'9	7:00
	ē		3. SE		4. RACE			S. DATE OF BIRTH		6 AGE ( n years	IF UNOER I YEAR	H UNDER 24 HRS,
	24 hours after death	. S. S.		Male	Cau	casian		06-09-06		last birthday) 62 YRS.	MONTHS DAYS	HOURS M.N
	Jour	Мош Пош	7o E	IRTHPLACE (State or foreign	76 CIT ZEN OF WI		8 MARRIED	NEVER MARRIED	9 COUNTY OF			
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	3	a to to	13o	USUAL RES DENCE (Where decease	d lived, if institut	ian Res dence before	13c CITY OR	TOWN 13d INSIDE CITY		REET AND NUMBER	PIOLA	
	ecute	omp ve -	aday	ary Tand	Prince	Georges	Coll	ege Pk K X	NO □   50	13 Huron	Street	
	exe	ond ond in only	14. F	ATHER S NAME First	Middle	Last		MOTHER'S MAIDEN NAME		M: ddle		Lost
	pe	icion o leose I and in		George	н.	Laval			ary		Rit	zeī
	requires that the deoth certificate be executed g physician.	signed by the attending physicion ond co burial-transit permit. Then please remo burial, cremation, or removol, and in ony		WAS DECEASED EVER IN U.S. ARME is, na, or unknown) (If yes give wo	or dates of service)	16b. SOCIAL SECURITY I	100	HILIP J.LI	AVALL.	E SAM	E AS#	13.
	Te) (	The The		18 CAUSE OF DEATH (Enter only	ane cause per lin	ne far (a), (b), and (c).	)			-	APPROXIMA BETWEEN ONS	TE INTERVAL
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	o Q	affe perr	Н	41 4		AS A CONSEQUENCE OF						
	#	the natio	Н	Conditions, if any, which gave to immed ate cause (a),	(b)		PRIEZ	COSCLESSOTIC	CARD	O-VASCULA	R UNKA	round
	an.	signed by the burial-transit burial, cremati		stating the underlying cause	DUE TO, OR A	IS A CONSEQUENCE OF				DISCATE		
	ires ysic	ned rial- riol,		last,	(t)							
	v requing ph	he bui	*	PART 2. OTHER SIGNIFICANT CONC	TIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE OF	RCONDITION GIVE	N IN PART 1(a)		
	end end	s be	CERTIFICATION	190. DATE OF OPERATION 196. CO	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		YES, WERE FINDINGS C	ONSIDERED IN CER	TIFYING
	를 를	는 He Pe	MIE					YES NO [		OF DEATH?		
	Ä,	cote or t		21a. ACCIDENT WAS UNDERLYING		INJURY Month Day Year	21c. H0	OW INJURY OCCURRED (En	ter nature of inju	ry in Port I or Port 2,	Item 18.)	
	Di de	P P P P P P P P P P P P P P P P P P P	MEDICAL	(If either, natify medical examine	r) P.M.	19						
	OR ATTENDING PHYSICIAN: The low requires the be retained by the haspitol or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to		21d INJJRY OCCURRED 21e. P While Not while at wark	LACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY ) 21f. LC	OCATION Street of R.F.D. N	ła. City	or Town	County	State
	SE A	fter be d Stote		22a   certify that (1) (this	haspitol) atte	ended the decease	d from	12 - 30 , 19	68 , to_	3 - 19 , 19	69 , that (	I) (we) Inst
	TEND	CTOR: All should is		saw the deceased all causes stoted obave,	ve on(I) (we) (did)	did not) view the	9 <i>64</i> , and pady after o	d that in (my) (our) a death.	pinion death i	occurred on the da	te and hour a	d from the
	AI	E state		22b. SIGNATURE	-11	· · · · · · · · · · · · · · · · · · ·		ATTENDING N	MED	220	DATE SIGNED	1
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	TO HOSPITAL Page 4 may	J FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN S NAME (Type)	wy Ho	UMANN		22e. ADDRESS	RIVER	PALE	MD.	, –
	Page 4	rector louis	23o	BURIAL, CREMATION, 23b DA	ME	23c NAME OF	EMETERY OR	CREMATORY	23d LOCATIO	N (City or Tawn)	(County)	(State)
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		VR AND AND	24. 1	UNERAL DIRECTOR	ASH. D.	CI ADDRESS	Ladie	2Sa REC'D	BY REGISTRAR	2Sb. REGISTRAR S		
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1 1		DIVISIO			STON STREET, BALTII		AND 21201		
FOR STATE		04384			S CERTIFICATE	-	AND 21201	04376	
HEALTH DEPT.		ECEASED NAME FIR		Middle	LOST		20. DATE KNOWN Month	Doy Year	2b HOUR
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ing in editor E		18. CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUS	only one couse per ! ED BY	me for (a), (b), and (c) )	II-and Cad	7		BETYYEEN ONSET A	IND GEATH
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certif orwan used movol	N N	190 DATE OF OPERATION		196 CONDITION FOR WHI	H OPERATION			20 AUTOPSYT	>
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KAMINER: Te the certific pe 4 should by your files. oge 3 should cremation, or	MEDICAL	PRIMARY OR CONTRIBUTING  (AUSE OF DEATH	HOUR A.						
	WE	1	. PLACE OF INJURY (	At home, form, street,	21f LOCATION Street or	R.F.D No	Cty or Town	County	State
		AT WORK AT WORK		g, erc.)					
		220 I certify that I	took charge of t	he remo ps described	above, held an Autop	isy 🔲, 🏻 las	pection 📆, Inquiry 5	ond in my	opinion
HCAL e exe ttor. P red fo ECTOR buria		death resulted from:	Natural sou	ses 🕡 Acctoent [	], Suicide [],	Homicide	Undetermined monner		
please e l director refouned or to bu				18. 1-	CHIEF	MEDICAL EXAMINE	R 🔲		
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VR A15ME (5)	Î	funera. Director anham Funeral	Home of I	Robert G. Be	a/1/1///////	DATEAPR			900
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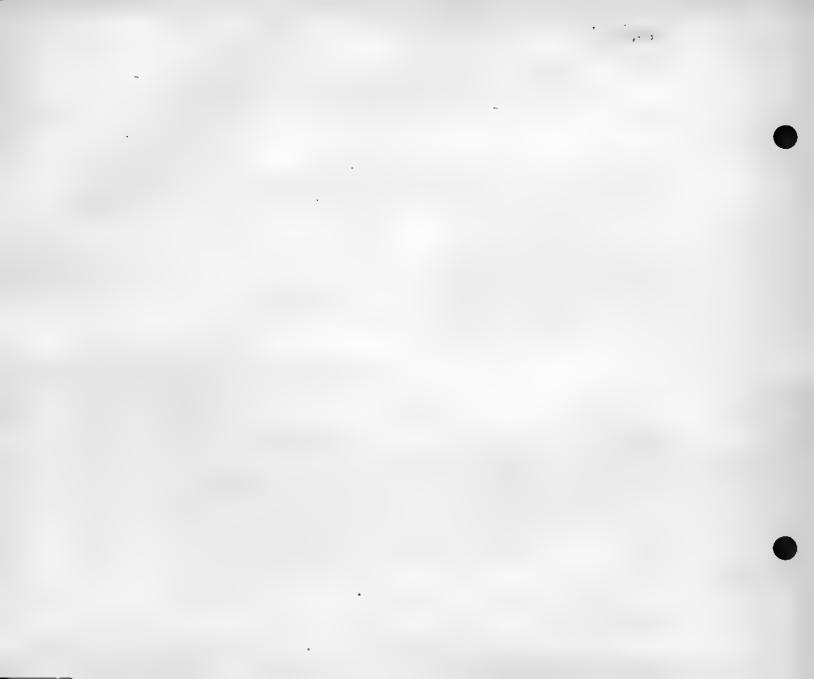
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04377 1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) TRENE LEMIRE L. ease remove carbon papers. Pages Te 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER YEAR after last bothday) MONTHS DAYS HOURS 12xMAR@Mx1969 FEMA IE WHITE requires that the death certificate be-executed within 24 haurs 7o 81RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MA INE and tompletely filled in TISA PRINCE GEORGES WIDOWED [ DIVORCED [ 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR INDUSTRY CHEVERIN HOSPITAL DENEST 13e STREET AND NUMBER
6029 23rd PARKWAY 130, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? GEORGES COUNTY .4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Last Last ARTHUR J. LEMIRE BERTHA BLAIS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) burial, cremation, ar remaval, As #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY burial-transit permit. IMMEDIATE CAUSE (a) Canditians, if any, which gave ase to immediate cause (a). signed by t Page 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been of Health priar ta use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO V YES 🔲 210. ACCIDENT WAS UNDERLYING (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY 21c. HOW INJURY OCCURRED Б OR CONTRIBUTING CAUSE OF CEATH HOUR AM Month Day Year (If either, natify medical examiner) detached drector, page 3 should be detache should be filed with the State Dept. 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote White Not while at wark 220. I certify that (1) (this hospital) attended the deceased from Clary well, 19 4, to Mar 14, 19 4 that (1) (we) lost sow the deceased alive on 19 49, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) BTREMPNA (Specify) ST. JOSEPH CEMETERY BIDDEFORD MAINE 0 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR OBERT E. WILHEIM FUNDERAL HOME 2So. REC'D 8Y REGISTRAR VR A15 (4) DATEMAR 1969 Charles Judge 30M REV 1/68 4308 SUTTIAND ROAD, SUTTIAND, MARYLAND



	1	MARYLAN	ID STATE DEPARTMENT OF H	EALTH	
1		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	04378
110	04386		CERTIFICATE OF DEATH		
Life = N =	1. DECEASED-NAME First	Meddle	Last	2a. DATE OF DEATH	2: 10:12
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	(Type or print) HEN		LUCK		\$ 1969 M
	3 SEX	4 <sup>1</sup> RACE	S. DATE OF BIRTH	6 AGE (In years	FUNDER LYEAR / IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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ate bricion (clon elease		Y B. Luck	MARY	CARROLL	
Sic.	16a WAS DECEASED EVER IN U.S. AR! Yes, 20, 22 unknown) (If yes give v	MED FORCES? 16b SOCIAL SECURITY !	18 MRS. ROTH A.	LUCK SAMI	E ACX 13
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le death ce attending i permit Thi	8 CAUSE OF DEATH (Enter on	ly ane cause per ne far (a) (b) and (c).	AMASSIVE PHENMON:	A, BRONCHIAL PLICAMEN	APPROX MATE INTERVAL BETWEEN OWSET AND DEATH
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ATTENDING PHYSICIAN: The law requires that the death certificate be stoined by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician on should be detached for use as the burial-transit permit. Then please regith the State Dept. of Health prior to burial, cremation, or removal, and in the	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
는 보고 속 SH /			YES 🔀 NO 🗆		
IAN: al o icate for Heo		E 10: Time of thron.	21c HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2, Ite	em 1B.)
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OR ATTENDING PHYSICIAL be retoined by the hospital DIRECTOR: After this certifice je 3 should be detached for		PLACE OF INJURY (AT HOME, FARM, STREET, FAC	ORY.) 21f LOCATION Street ar R.F.D. Na	City or Town	County State
this this De	While Nat while at wark	FORTE BUILDING EIC			
DING by th Ster if be de Stote	22a. I certify that (I) (th	s hospital) attended the decease	d fram 9000 28 , 19 6 9 69 , and that in (my) (aur) apin	9. 10 mar 18 19	(09 that (1) (wa) last
A P P P P P P P P P P P P P P P P P P P	saw the deceased a	ive on mar 18, 1	9 69, and that in (my) (aur) apin	ion death accurred on the date	e and hour and from the
ATTENE eroined CTOR: A should vith the	causes stated above	, (I) (we) (did) (did not) view the l	oady after death.		
R ATTENI retoined retors: A 3 should with the	226 SIGNATURE	0 1/	ATTENDING ST ME		ATE SIGNED
OR DIRECTOR NO.	100	vest./cm		BECTOR PHYS.   3	-19-69
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Page 4 moy be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	NAME (Type)	MES C. KINIGI	600/ 4	ANDOVER RX	Meserly
HO.	23a BURIAL CREMATION, 23b I	DATE 23g NAME OF (	EMETERY OR CREMATORY	23d LOCATION (City or Tayyn)	(Cauryy)/ (State)
0 0 0 in shape	BUM 13-	-21-1969 FORT	LINCOLN CEM	COLMAR MANDE	2 MARYLAND
00	24 FUNERAL DIRECTOR	ADDRESS	2Sa RECD 8Y	REG STRAR 2Sb REGISTRAR'S SI	
VR A1	W.W.CHAME	AS LO MIDERD	ALE, MD, DAR' ? 8	4 1889 4.	3 The Tables



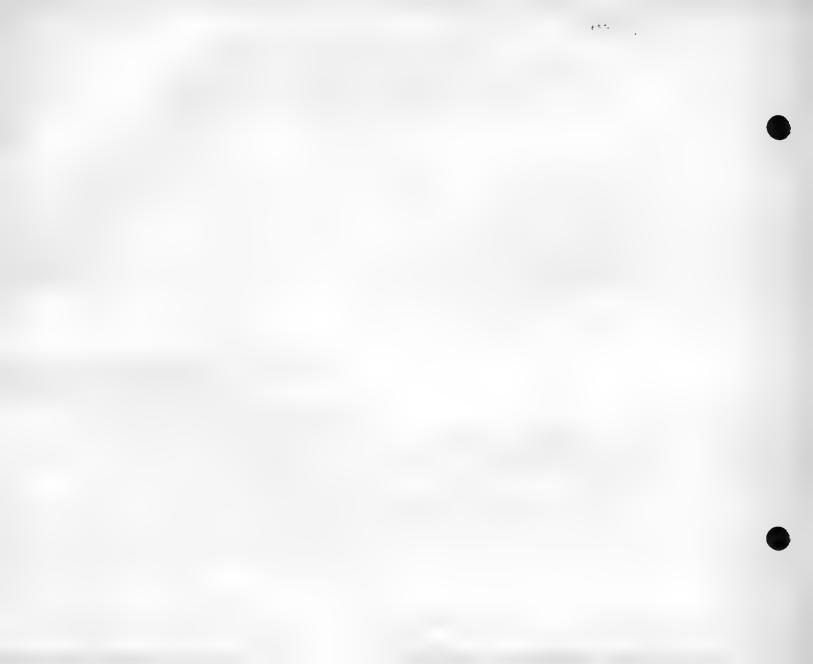
MARYLAND STATE DEPARTMENT OF HEALTH	
11/2/07	4379
I. DECEASED-NAME First Middle Last 20 DATE KNOWN Month D	by Yeor 2b. HOUR
(Turbe of Print)	
3 SEX 4 RACE 5. DATE OF BIRTH . 6 AGE (11 YMOUS TO JNOER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
	69 19 / 1 / Opm M
TO BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   8. MARRIED TO NEVER MARRIED 7 9. COUNTY OF DEATH	7
Germany USA- WIDOWED DIVORCED Prince George's	Md
0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJA, OCCUPATION (Kind of work done 12	TO KIND OF BUSINESS OR
Cheverly Prince George Hospital Secretary	G Library -
The second secon	
	Lost
(Yes, no, or unknown) (Hyas give war or dates of service) 066 03 8827 William A Mallon Bladensbur	g, Md.
IR CAUSE OF DEATH (Enter only one couse per line for (n) (h) and (r))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Amyotrophic lateral sclerosis	8 years
DUE TO, OR AS A CONSEQUENCE OF	
rise to immediate couse (a). (b)	
noting the brideright cose	
(4)	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
WAS PERFORMED?	YES NO 🔀
	8)
CAUSE OF DEATH P.M. 19	
The state of profit for some form, and the form of the form of the form	County State
	and in my opinion
	_ ' '
CHIEF MEDICAL EXAMINER	<b>⊶</b>
ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b DATE SI	GNED
EXAMINER'S DEPUTY MEDICAL EXAMINER 2 3-6	-69
The state of the s	
REMOVAL (Specify) / No mak 10 1000 Mt Hang Comptons	County) (Store) N Y
Burial	
F. Gasch's Sons Hyattsville, Md. DATE Minn IO 1969 Action	Mas Judge
	Detail   Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   Continued of the property   Continued o



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04380 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH and completely filled in by the funeral remove carbon papers. Pages 1 and 2 in any event, within 17 yours after death. executed within 24 hours after death. (Type or print) Month FRANK MANZON. S. DATE OF BIRTH 4. RACE 6. AGE (In years E JINDER I YEAR 3 SEX IF UNDER 24 HRS last birthday) MAY 11, 18 MALE To. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED PRINCE U.S. AMERICA WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work dane 125. KIND OF BUSINESS OF during mast of working life, even if retired.) give street address) RIVERDALE ELAND CHIEF ATTENDED -136 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN admission) STATE 13b (OUNTY P) (3 TORSES HUATTS) 13e STREET AND NUMBER 136. INSIDE CITY LIMITS? ond in any 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Lost MANZON SIMON the ottending physicion to law requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 7614 EDMONSTON ROAD BERWYN HTS. MD. Yes, no, or unknown) FRANK M. MANZON, JR. 709-09-535 or removal NO APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART 1. DEATH WAS CAUSED BY CORONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any which gave SCHEMIA buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CARDIO VASCULAR DISEASE lest. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detoched for use os the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [] NO [74' NONE 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Poge 4 moy be retained by the hospital O FUNERAL DIRECTOR: After this certifica HOUR A.M Yeor (If either, natify medical examiner) (AT HOME FARM, STREET FACTORY,) 21f LOCATION STREET OF R.F.D. No 21d INJURY OCCURRED 21s PLACE OF INJURY City or Town Stote Caunty While Nat while at work 22a | certify that (I) (this hospital) attended the deceased from APRIL 2 19 67 to MAR saw the deceased alive on MAR. 21, 1964, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING director, page 3 DIRECTOR PHYS. PHYS 22e ADDRESS 22d PHYSICIAN S NAME (Type) SchildHaus 5480 WISC. AUE. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION (County) REMOVAL (Specify) CEDAR HILL ADDRESS 1400 CHAPIN 24. FUNERAL DIRECTOR W.W. CHAMBERS CO. ST. N.W WASH. P.C

word finds is

, 1			DIVISION OF VITAL RECORDS.	301 W. PRESTON STREET, BAI		
		04389		CERTIFICATE OF DEATH		04381
r death. uneral 1 and 2 r death.		CEASED NAME Pirst ype or print)	Muddle 14 RACE	MAPLE 5. DATE OF BIRTH	20 DATE OF DEATH Month 3 Day	Year 69 4:5 M
hours after death.  Resp. the funeral some Pages 1 and 2 haurs after death	7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	Fully 30, 1  8 MARRIED   NEVER MARRIED  18 MARRIED	9. COUNTY OF DEATH	MONTHS DAYS HOURS MIN
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ificate hysicia n pleas ral, and		WAS DECEASED EVER IN U.S. ARI es, ng, or unknown) (Il yes give in	ver or dates of service)	NO. 17 INFORMANT	Paple is Same	ns above
law requires that the death certificate be executed within 24 hours after death.  Inding physician and completely filled a by the funeral been signed by the attending physician and completely filled a by the funeral sthe burial-transit permit. Then please remave carbon, papers. Pages 1 and 2 iar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.		PART I. DEATH WAS CAUSE	Ity ane cause per line for (a), (b), and (c) D BY. ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	al throm	luis	APPROXIMATE INTERVAL BETWEEN GIKET AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. at Health priar ta burial, creating the state Dept.	2	PART 2. OTHER SIGNIFICANT CO	(c)	OT RELATED TO THE TERMINAL D.SEASE O	RCONDITION GIVEN IN PART 1(a)	
ICIAN: The law repital ar affecting trifficate has been d far use as the affective triangle.	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES NO [		
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G PHY: the ha detach te Dept	2	While Not while		CTORY.) 21f LOCATION Street or R.F.D 1		Caunty State
R ATTENDING PHYSICI retained by the haspit RECTOR: After this certif 3 should be defached with the State Dept. of		220. I certify that (I) (It saw the deceased of couses stated abov	is haspital) attended the deceas live on	9 6 7, and that in (my) (evr.) o body after deoth.	pinion death occurred on the do	te ond hour and from the
OR AT DIRECTO		22b. SIGNATURE	menlu	DEGREE PHYS.	MED STAFF 22c.	3/3/69
ro kospital os Page 4 may be ro FUNERAL DIR directar, page directar, page directar,		NAME (Type)		22e ADDRESS		
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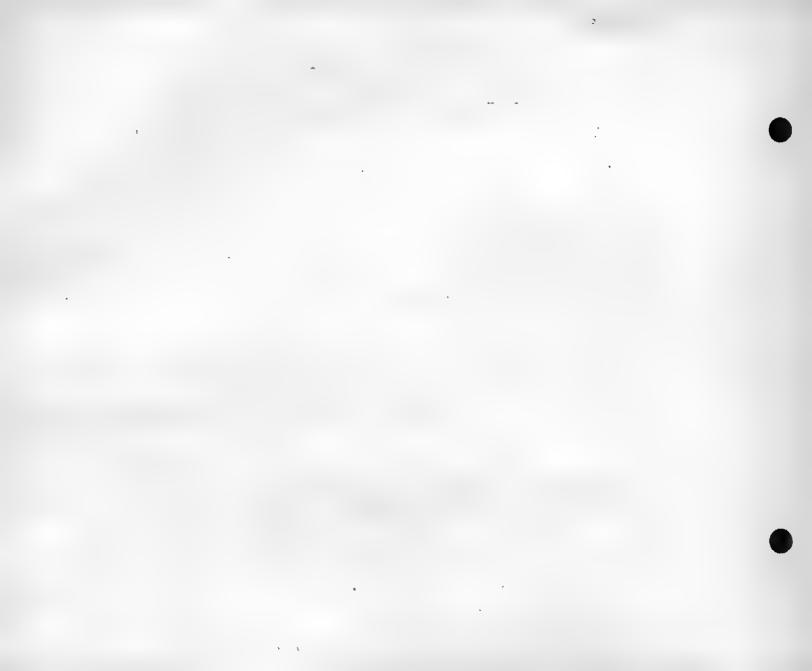


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-5		04390	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
		0.1000		CERTIFICATE OF DEATH			04382	
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er deoth. Foneral		Type ar print)	dgar	Marsh	a11	Manth Da	Y 69 1:45PM	
	3. 5		4. RACE	S DATE OF		6 AGE (In years	IF UNDER I YEAR OF UNDER 24 HRS	
to 6 8 5		Male	White	7-3	1-93	lost birthday) 75 YRS	MONTHS DAYS HOURS MIN	
haurs of	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED XX NEVER		UNTY OF DEATH		
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nin 24 filled II paper thin 72	10	CITY OR TOWN OF DEATH	UPATION (Kind of work done	12b K ND OF BUSINESS OR				
		Cheverly	give street address)  E.C.F P.  sed lived, if institution Residence before	CCB	dur ng mast af	warking life, even if rettred)	U S Gov't.	
od with to corbon corbon	13a	USUAL RESIDENCE (Where decea	sed lived, if institution Residence before	13c CITY OR TOWN	-3d INSTOE CITY JAM 157	3e STREET AND NUMBER	4 D dov C.	
completely ove corbon y event, with	adm M	ssign) STATE aryland	Prince George's	Hyattsvil	YES XX NO	3403 Rutgers	Street	
, VS - 3/2 2/		FATHER'S NAME First	- Middle Last		MAIDEN NAME First	Middie	Last	
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rifico nysic ol, o	Ι,	03, 110, 01 0111111111,	war or dates of service) 062-07-97	Rena Ma	arshall	llyattsville	, Md.	
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ho is contact the september of the septe	[~	21d. INJURY OCCURRED 21e While Nat while at wark	. PLACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION S	treet ar R.F.D. Na.	City or Town	Caunty State	
e de la company	ı	ot wark at wark	•		10.7	- /-		
by Sta	L	22a. I certify that (i) (th	nis hospital) attended the decea	sed fram	1969	. 10	by, that (I) (we) last	
TEN Ped Ped Cold		22a. I certify that (I) (this hospital) attended the deceased fram 3/15, 19 69, ta 3/20, 19 69, that (I) (we) last saw the deceased give an 3/17, and that in (my) (ear) opinion death accurred an the date and have and fram the causes stated above, (I) (we) (did) (did not) view the body after death.						
A S C S S S S S S S S S S S S S S S S S		295 GNATURE	1 1 1			220	PATE SIGNED	
OR OR THE SIGN WEST		David Mg	elma / M.	DEGREE PHYS	IDING MED DIRECTO	OR D STAFF D 3/2	20/69	
A P P P P P P P P P P P P P P P P P P P	L	22d PHYSICIAN'S		22e. /	ADDRESS			
ERA or, 1 d be		NAME (Type) David	d M. Goldman, M.D.	P	rince Gents	e's Plaza, Hy	attsville	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove contishould be filed with the State Dept. of Hearth prior to burial, cremation, or removal, and in any event,	230		DATE 23c NAME O	CEMETERY OR CREMATOR	Y 23d	LOCATION (City or Town)	(Caunty) (State)	
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VR AIS CON	24.	FUNERAL DIRECTOR Gasch's	ADDRES	\$	25a REC D BY REG			
45M - 126		I I dascii s	Sons Hyattsvil	le, Md.	DAM . 5 2 6	1969 20las	la Judge.	

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-	18	CAUSE OF DEAT	H (Enter on	v one couse per	line for (a) (b)	and (c))						APPROXIM	ATE INTERVAL
	"	PART I. DEATH	WAS CAUSE	BY:	ilatera	l brone	ho pneumo	onia				days	SET AND DEATH
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L		nditions, if ony, w		(b)	- 10 11 11 11 11 11 11 11								
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	PAR	T 2. OTHER SIGNIF	ICANT COND		FING TO DEATH B	UT NOT RELATE	TO THE TERMINAL	DISEASE OR C	ONDIT ON	GIVEN IN PAR	T 1(o)		
1301	100	. DATE OF OPERAT	IUN		Tiek CONDITION	FOR WHICH O	DEPATION		-			20. AUTOI	pcva
CHCAT	E I	DAIL OF GREAT	1011		WAS PERF		CRATION					YES 📆	
MEDICAL CEPTIFICATION	210 PR	EXTERNAL CAUSE  MARY OR CONT  LUSE OF DEATH		HOUR A	FINJURY Month, C LM LM.	Poy, Yeor	21c. HOW INJURY O	OCCURRED (Eni	ler noture	of injury in P	ort 1 or Port 2,		
MED	210	INJURY OCCURRE		PLACE OF INJURY	(At home, form,		21f LOCATION Street	t or R.F.D. No.		City or To	wn	County	Stote
		WORK AT WORK	for	tory, office buildi	ng, etc.)								
				aak charge of	the remains d	escribed abo	ve, held on Aut	npsy 🛣	insp	ection 3,	Inquiry [	7. ond in	my opinion
		death resulte		Natural-cai		ccideni7 .	Suicide [	Hamicide		_	ined manner		,
			1	J.	hT	//	CH	IIEF MEDICAL I	EXAMINER			_	
	A	CTUAL GNATURE	1	116 1	Me of	71		SISTANT MEDI			22b. DAT	E SIGNED	
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		ARKE 17 1 / -	obn Ke	ehoe MD	River	dale. N	[d. AD	DRESS(Street,	city, town	n, or county)			
2	3o BU	RIAL CREMATION		DATE			OR CREMATORY		23d L	OCATION (City	or Town)	(County)	(Stote)
		MOVAL (Space fy)	Ky/:	3/21/6			Memoria.			Maryla			
		ERAL DIRECTOR	Dun		lewa	ADD BESS	7.	250 RECD			Sb REGISTRAR S		
	St∈	wart/F	uner	al Home	-4001	Benni	ng Road	NH BIA	R 2	4 1964	The	were your	see.



			ID STATE DEPARTMENT OF 301 W. PRESTON STREET, BALT						
	04392		CERTIFICATE OF DEATH		04384				
L	DECEASED NAME First (Type or print) Samu		lost Marshall	20 DATE OF DEATH March 14, 1969	Year 2b. HOUR 5:43				
L	White	4. RACE Male	S. DATE OF BIRTH 2/10/04	6. AGE (In yeors lost birthday) 6.5 YRS	NE UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN				
1/	BIRTHPLACE (Stote or foreign puntry) ASHINGTON 5 C	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED 120. USU	9. COUNTY OF DEATH Prince George's AL OCCUPATION (Kind of work done	M 12b. KIND OF BUSINESS OR				
	Chever1y	g ve street address). Prince Geo.	General General	nost of working life, even if retired)	INDUSTRY GOV. V.				
od	mission) STATE Maryland	d lived, f institution Residence before 13b. COUNTY Prince George's	Hyattsville YES X N	□□ 4219 Kennedy	Street				
14	FATHER'S NAME First  FIFTER	Mrddle Lost	1S. MOTHER'S MA DEN NAME	First Middle Middle	Lost				
10	Yes, no. or unknown) (If yes give wo	ED FORCES? 16b SOC ALSECURITY 213 0.5	NO 17 INFORMANT		AME AS # 13				
	18 CAUSE OF DEATH (Enter online PART 1 DEATH WAS CAUSED IMMEDIA	r one couse per line for (o), (b), and (c) BY TE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSIT AND DEATH  MINUTES				
	f (Canditions, if any, which gave) rise to immed ate cause (a),	1"/	MYOCARDIAL INF	-ARCTION	36 HOURS				
١	Stating the underlying cause  (c) A CUTE AND CHRONIC CORONARY HEART DISERSE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
1 2	NIGNE			.,					
CENTRICATION	19d. DATE OF OPERATION 19b. (	OND TON FOR WHICH OPERATION WAS PI	PREFORMED 200 AUTOPSY?  YES  NO	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING				
MEDICAL CO		HOUR A.M Month Doy Year		er noture of injury in Part 1 or Part 2, 1	tem 18)				
NAT.	21d, INJURY OCCURRED 21e. While Not while at wark at wark		(CTORY.) 21f. LOCATION Street or R.F.D. No.	c. City or Town	County State				
	22a I certify that (I) (thi	s hospital) attended the deceasive on MARCH 13 (I) (we) (did) (did not) view the	ed fram <u>Fin APCH /2</u> , 19_ 19 <u>69</u> , and that in (my) ( <del>our)</del> op body ofter deoth.	69_, ta, ta, ta	69, that (I) (we) la te ond hour and from th				
	David M. L	oldman M.D.		MED STAFF 13	DATE SIGNED 114169				
	22d PHYSICIAN'S NAME (Type) DAV	D M. GOLDMA	N PR-GEORG	LES PLAZA, HYAT	TSVILLE MP,				
	BO BURIAL, (REMATION, 23b C REMOVAL (Specify) 3	ATE - 1969 234 NAME OF FORT	CEMETERY OR CREMATORY	23d LOCATION (C by or Town)	(County) KARYLAH				
24	4 FUNERAL DIRECTOR WW Change	6242- 1415C	WOTON, USA 250 RECD	BY REGISTRAR 256 REGISTRAR'S	SIGNATURE				



04393 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 04385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME (Type or Print) HEALTH DEPT. 2a DATE KNOWN | Month Day Yeor 26. HOUR ESTIiny delay is 2, and 3 ta PM3 Page DEATH MATED \$ 3-19-69 19 10:50mm Pamela Martin 4. RACE JE JINDER 24 HRS 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 6. AGE (In years 2d HOUR last birthday 69 19 11 00 pm Female White 7-22-1952 16 70 BIRTHPLACE (State or foreign 8. MARRIED TINEVER MARRIED PA 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Washington, D.C. WIDOWED | DIVORCED | TISA Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work done be executed within 24 haurs after death 125 KIND OF BUSINESS OR give street oddress)

Suitland

Andrews Air Force Base Host Student

30 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d PRIOR CTY LIMITS? 13e STREET AND NUMBER during most of working life, even if retired )
Student INDUSTRY Prince George's Upper Marlboro YES NO Box 1273 odmission) STATE Maryland ecute the certificate, writing the ward "pending" in pencil in Item. Page 4 should be farwarded to the Chief Medical Examiner's Office 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Roberta T. Tyler Floyd C. Martin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Floyd C Box 1273 16b SOCIAL SECURITY NO Martin, Father Upper Mariboro, Md. (Yes, pa, or unknown) (If yes give war at dates of service) urial-transit permit. File in any event within 72 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE [d] Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident Conditions, if ony, which gove ) rise ta immediate cause (a), This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY CONTRIBUTING HOUR A.M. 10:45mm 3-10-1969 | Passenger in car involved in collision CAUSE OF DEATH 21e PLACE OF INJURY (At home, form street, - 21f. LOCATION Street or R.F.D. No. City or Town County 21d INJURY OCCURRED AT WORK AT WORK 10 9300 block Darcy Road, Forestville, Prince George County, Maryland 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inspection . Inspection . death resulted fram Natural causes , Accident X, Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 3-11-69 DEPUTY MEDICAL EXAMINER 50 **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) Riverdale, Md. AD

230 NAME OF CEMETERY OR CREMATORY John Kehoe MD 23d. LOCATION (City or Town) 230 BURIAL CREMATION. (County) REMOVAL (Specify) 3/15/69 Washington National Washington, D. C.

Jamo Address | 250 PEF D. BY REGISTRAR | 25b. REG STRAR S SIGNAL Robert E. Wilhelm Funeral Home ADDRESS 250 RELD BY REGISTRAR 4308 Suitland Rd., S.E., Suitland, Md., 20023 DATE MAR 17 1969 24 FORRAL DIRECTOR Wilhelm Funeral Home 25b. REG STRAR S SIGNATURE Williamelas Jugaça



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 20. DATE KNOWN DE ESTI-I. DECEASED-NAME Middle (Type or Print) Page Steven Martin DEATH MATED [ 145am deloy in 4. RACE 1F JMDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 6 AGE (In years 5-6-1947 White Male YRS 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED DO 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Washington, D. Q. with the Stote D WIDOWED [ USA DIVORCED [ Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Suitland | give street oddress) | during most of working life, even if retired | INDUSTRY |
Andrews Air Force Base Host Trucker-Driver-Slsm | Co130 USJAL RES DENCE (Where deceased lived, finishted and Residence before 130 CITY OR TOWN | 130 NSIDE OTH UM. 137 | 13e STREET AND NUMBER Brince George's Upper Marlbort 🗆 No 🗆 Box 1273 24 hours and 2 ofter. 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Roberta T. Tyler Floyd C. Martin poges hours should be forwarded to the Chief Medical Exominer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17\_INFORMANT be executed within in pencil Martin, Father Upper Marlboro. (Yes, no or unknown) APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH CAUSED BY LACERATION of brain PART I. DEATH WAS CAUSED BY Trauma - auto accident DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a). This certificate should the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 190. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO X ŏ 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 3 should PRIMARY X OR CONTRIBUTING CAUSE OF DEATH burnal, cremation, :45mm 3-10- 19 69 Driver of car involved in collision 21d INJURY OCCURRED 21e PLACE OF INJRY (At home form street. 21f LOCATION Street or R.F.D. No. Cly or Town 1 County Slole AT WORK AT WORK 19300 block Darcy Road, Forestville, Prince George County, Md. 220. I certify that I taok charge of the remains described obave, held on Autapsy ... Inspection [30] Inquiry . and in my opin an the funeral director. death resulted from Notoral causes . Accident . Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-11-69 DEPUTY MEDICAL EXAMINER IK 5 n. TO FUN. Health **EXAMINER'S** NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE 23d LOCATION (City or Town) PEMOVAI (Specify) Burial Washington National Washington, D. C. 24. FUNERAL DIRECTOR. Wilhelm Funeral Home 4308 Suitland Road, S.F., Suitland, Md., 2002 at 250 REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15ME (5) Allendar Judge 10M REV 1/68

merican sign

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04387 CERTIFICATE OF DEATH L DECEASED NAME 26 HOUR Middle Last 20 DATE OF DEATH Beverkeduted within 24 haurs after death (Type or print) Month George Mc Cabe Year 6:20 M March 1969 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER LYEAR IF UNDER 24 HRS last birthday) MONTHS male Aug 17, 1887 white To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH country) Ohio USA WIDOWED | DIVORCED TO Pro George's 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF 3703 Nicholson st during most of work no life, even if retired)
Retired machinist INDUSTRY GOV't W Hyattsville 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY DM TS2 13e. STREET AND NUMBER admission) STATE 135 COUNTY W Hvattsville YES 3703 Nicholson st NO ease remove and in any 4 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle last George A McCabe Emma Rath 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address The law requires that the death certifical Yes, no, or unknown) 1 (1 yes give war or dates of service) George Mc Cabe W Hyattsville, Md. 古 168 248 691A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) )
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH 2 Wags IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove ) GENERALIZED ARTERIOSCLEPUSIS WITH CORUMARY transit rise to immediate cause (a) & NZP4ROSCLEROSIS stating the underlying cause **burial** PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been LARCINDAA UP SIG1011 COLON WITH COLOSTOMY 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED SD 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health YES F NO 🗔 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INDURY ( AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while at work 220 I certify that (I) (this haspital) attended the deceased from Niver On, 19 v U, to more than (I) (we) lost saw the deceased alive on Michigan 3 19 7, and that in (my) (our) opinion death accurred an the date and hour and from the Page 4 may be retained
TO FUNERAL DIRECTOR: A
director page 3 should
should be filed with the couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d PHYSICIAN S 22e ADDRESS R1665 23a BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Greensburg March8, 1969 Westmoreland Cemetery 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b. REGISTRARS S GMATURE VR A15 (4) 45M - 1/69 Gasch's Sons Hyattsville, Md.



z 1	Items 18-22a Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 3-23-69 ams Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	
7 FOR STATE	04206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4388
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN   Month Do	
of Ge	(Type or Print)  Carole  Ann  McCracken  DEATH MATED 3-4-6	9 19 2 : 00amM
deloy and 3 fill. Poo	3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years F UNDER 1 YEAR IF JINDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
e e g	Female White 7-23-1943 25 YRS MONTHS DAYS MUH Month Doy	6993:00am M
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	70 BIRTHPLACE (State on foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED € 9. COUNTY OF DEATH	.D. /AGORBIE
e D	(Guntry) washington D C U S A WIDOWED DIVORCED Prince George's	Md
Give Pages ong with for the State th.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 120, USJAL OCCUPATION (Kind of work done 12)	KIND OF BUSINESS OR
the week		ruffice
s ofter 18. Gr Jolong with death.	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
75 o 2 w 2 w 2 de	MaryTand Prince George's Lanham VIS NO 5602 Whitfield	Chapel Road
24 hours ofter deoth in flem, 18. Give Poges 1, soffice, olong with form is 4-and 2 with the State Direct softer deoth.	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Gertrude R Soper	Lost
poog hou	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. of unknown) (If yes give wor of dates of service) 405 56 7669 (James J McCracken 3470) (azelwood	Cincinatti ave Ohio
	1B. CAUSE OF DEATH (Enter only one couse per one for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rould be executed word "pending" if the Chief Medical rial-transit permit only event within	IMMCDIATE CAUSE (o) ACUTE DEFOTCUTE THE THEORY CAUSE	
e expendence of Mit	Conditions, if ony, which gove 3	
d b Chie	rise to immediate couse (a), (b)	
should be en word "per or the Chief I burnal-transit I n ony ever	stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF	
he sh to to to bu	(c)	
ficate ing the ded to os o I, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
uis certificate should te, writing the word forwarded to the Cf forwarded to burial-tra ne used as a burial-tra removal, and in any	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for y and y	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNAL CAUSE WAS 23b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of miury in Part L or Part 2, Item	YES 👿 NO
ER: This certificate, ould be fo es. hould be to ion, ar ren	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Part 2, Item	
INER: Thi e certificot should be files. 3 should be mation, ar r	PRIMARY X OR CONTRIBUTING 2: HOLER AM 3-4 19 69 Took overdose of barbiturate	
로 하는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	21d NJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ify or Town	County State
(AMINER: te the certi- ge 4 should four files. oge 3 shou cremation,	while NOT WHILE I foctory, office building, etc.) Home Lanham Prince C	Geo. Md.
bical Examiner: se execute the certivitor. Poge 4 should ned for your files. ECTOR: Poge 3 show burial, cremation.	22a   certify that I took charge of the remains described above, held on Autopsy   X, Inspection   X, Inquiry	and in my opinion
ICAL Be exect for. Po ed for CTOR: buriol, buriol,	deoth resulted from: Natural causes Accident, Suicide X, Hamicide , Undetermined manner	
pleose e: I director. refained DIRECTOR	CHIEF MEDICAL EXAMINER	,
JIY DICO My, pleose e erol director be retained RAL DIRECT prior to bu	SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIG	NED
D be ERA		4-69
necessory, please execute the funeral director. Page 4 5 may be retained for yage 100 Health prior to burial, crem	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 4 5 E	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co.	ounty) (State)
	REMOVAL (Spicify) Mar ch 7, 1969 St Paul Cemetery St Paul Decatu	
	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 256 REGISTRARS S G	
VR A15ME (5) 10M REV 1 68	F. Gasch's Sons Hyattsville, Md. DATEMAR 7 1969 fillered	o Junge



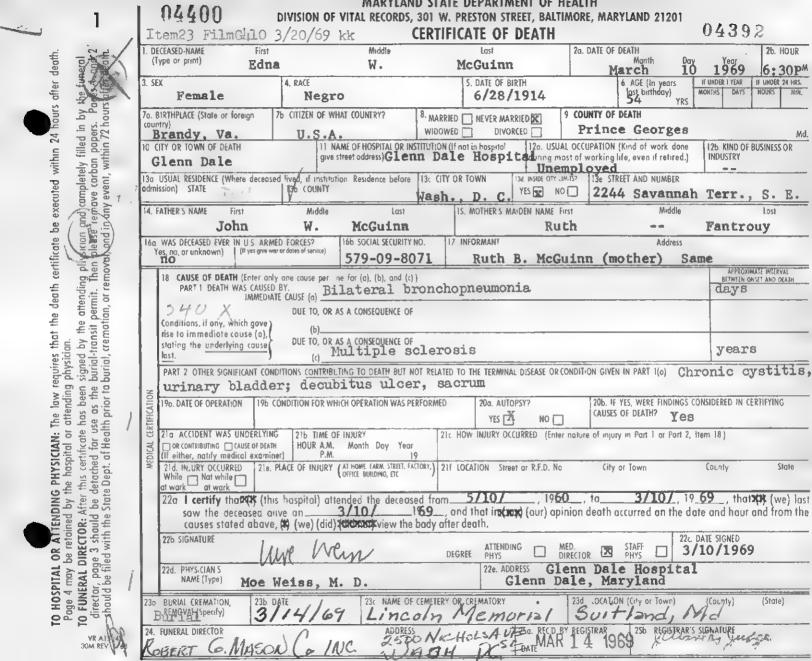
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04397 04389 CERTIFICATE OF DEATH DECEASED-NAME Middle death. First Lost 20. DATE OF DEATH 2b. HOURS be executed within 24 haurs after death physician and completely filled in by the funeral (Type or print) Richard Francis McCreary Mooth March after 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years F JINDER 1 YEAR Ipst birthday) DAYS White 5-8-14 male lease <u>rem</u>ave carban papers. Pagand in any event, within 72 hayrs 70 BIRTHP\_ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH California Prince Georges U. S. A. WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR g ve street address) during most of working life, eyen if retired)
ELECTRONICS ENGINEER INDUSTRY Riverdale Eugene Leland Mem. Hosp. 130. USUAL RESIDENCE (Where deceased lived, if institut on Residence before T13c, CITY OR TOWN 3d INS DE CITY , MITS? 13e STREET AND NUMBER odmission) STATE Maryland Prince YES T Georges Beltsville 10h03A h6th Avenue 14 FATHERS NAME IS MOTHER'S MAIDEN NAME First First Middle tost Middle lost McCreary Stella Streeter Eugene requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT FERALDINE NC (REAMINGS Some ASA 13 Yes, no, pr unknown) I fiyes give war or dates of service) burial, crematian, ar remaval, patient/Medical Records APPROXIMATE NTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (alm(b), and (d)). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immed ofe couse (c) Page 4 may be retained by the haspital or attending physician. DUE TO: OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO Z 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) TO HOSPITAL OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) PM 21d IN.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No Ety or Town County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 3 caw the deceased alive on 3 can that and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above (1) (we) (aid not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 230 BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY OCATION (City or Town) LINCOLN ADDRESS

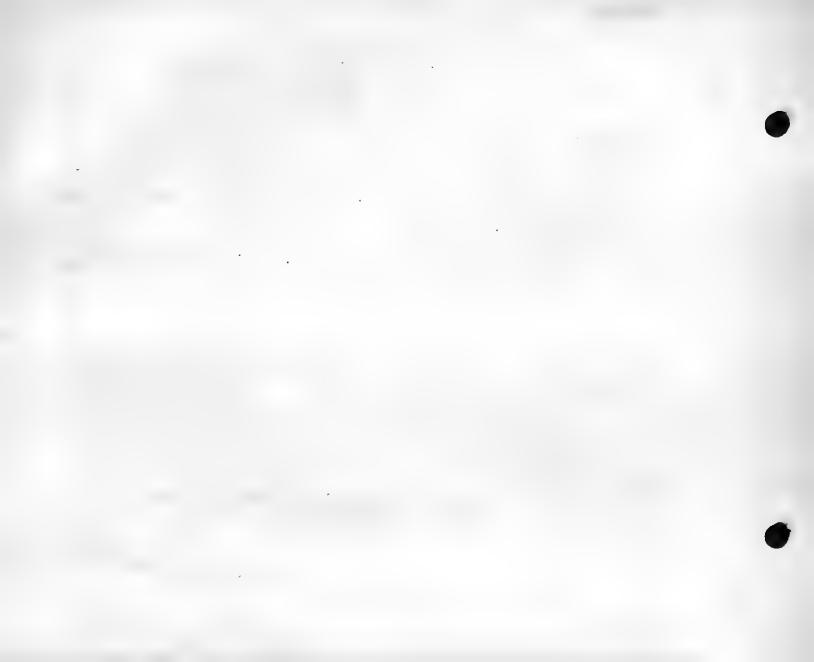


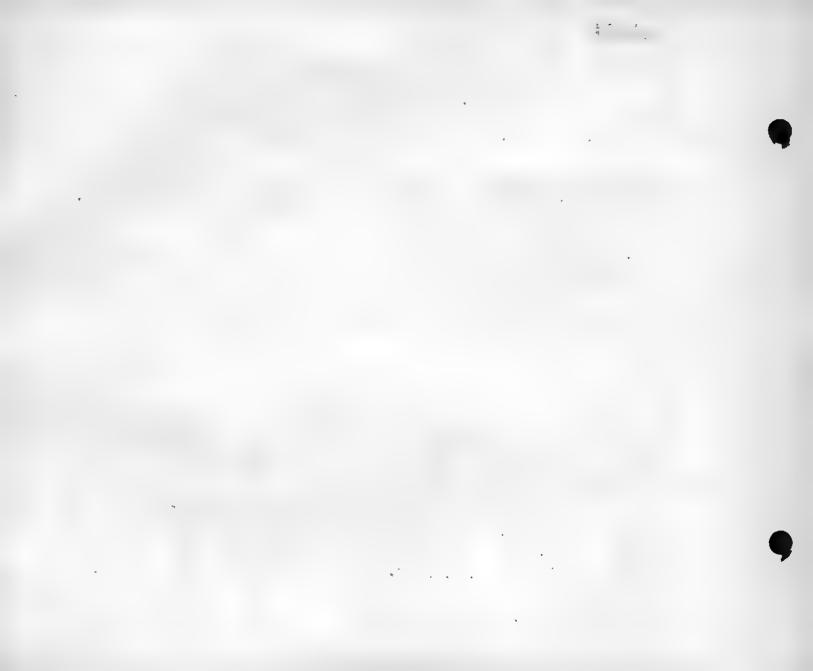
1	04398	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 1 301 W. PRESTON STREET, BALL		01200						
1	DECEASED-NAME First	Middle	CERTIFICATE OF DEATH	20 DATE OF DEATH	04390 2b. HOUR						
	(Type or print) Marie	T.	McDonough	Month Doy	69 6:49am						
3	Female	4. RACE White	S DATE OF BIRTH Feb. 16, 18	96 6 AGE ( n years 765 birthday)	IF UNDER 1 YEAR HE UNDER 24 HRS. AONTHS DAYS HOURS MIN						
70	o. BIRTHPLACE (Stote or foreign punity) Ireland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George	Md						
	City or town of DEATH Cheverly		TITUTION (A not in hospital 120 USU nce George Hospital m	A. OCCUPAT ON (Kind of work done lost of Resembly Medien fretired)	126 KIND OF BUSINESS OR INDUSTRULERK						
13	o USUAL RESIDENCE (Where deceosimission) STATE Md.	ed lived, if institution Residence before		13e STREET AND NUMBER 0 5508 Newton St	•						
14	FATHER S NAME First  John B	Middle Lost urke	is. Mother's Maiden Name Mar	First McCowan Middle	Lost						
16	Yes, Moor unknown) (II yas give w	MED FORCES?  The production of service, I feb social SECURITY N O76-20-91	17 INFORMANT 67 Thomas G. McD	onough Same as a	bove						
	PART I DEATH WAS CAUSED	ITE (AUSE (o) <u>Heart, failur</u>	<u>'e</u>		approximate interval Between onset and death minutes						
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse	rise to immediate couse (a). (b)									
	lost	(c)	OT RELATED TO THE TERMINAL DISEASE ORG	CONDITION GIVEN IN PART 1(o)							
X >	Diabe	tes - over 3 vrs. CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?  YES NO	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING						
MEDICAL CED		H HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Port 2, Ite	rm 18)						
a a	While Not while at work of work	PLACE OF INJURY ( AT HOME FARM, STREET, EACH OFFICE BUILDING, ETC	ORY.) 21f. LOCATION Street or R.F.D. No		County State						
	22a. I certify that (1) (the	s haspital) attended the decease ive an Feb. 4 11 (i) (we) (did) (aid jiet) view the b	d fram <u>1958</u> , 19 <u>9</u> 9 <u>69</u> , and that in (my) (aur) aploady after death	, ta <u>1969</u> , 19 inian death accurred an the date	, that (1) (we) last and haur and fram the						
	22b SIGNATURE	hi Klori		MED STAFF	TE SIGNED						
		Kehoe MD		e, Maryland							
L		-17-69 Mt. O	EMETERY OR CREMATORY Livet Cemetery	23d LOCATION (City or Town) Washington, D.							
	FUNERAL DIRECTOR F. Gasch & Sons	ADDRESS Hyattsville, Mary	yland DATE MA	R 1 8 1969 REGISTRAR'S SI	GNATURE TO THE STATE OF						

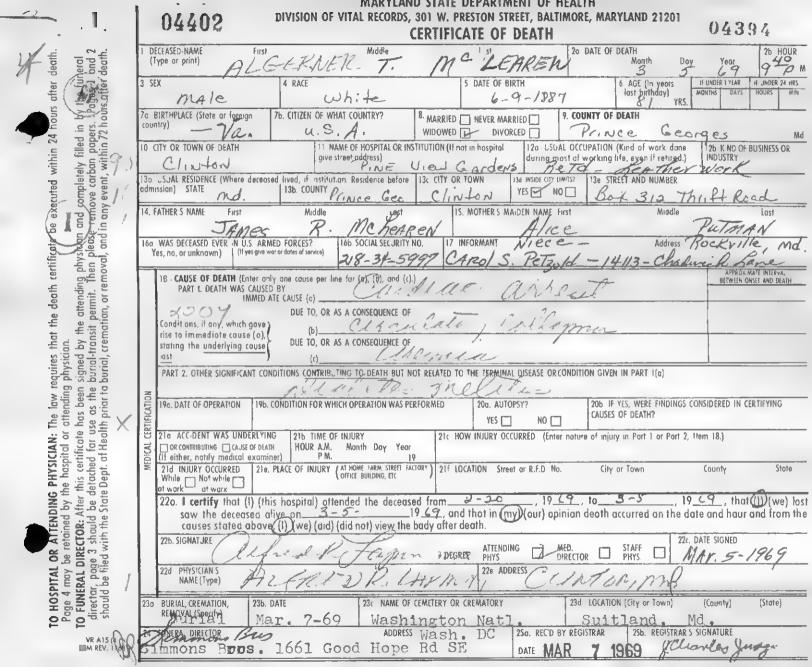










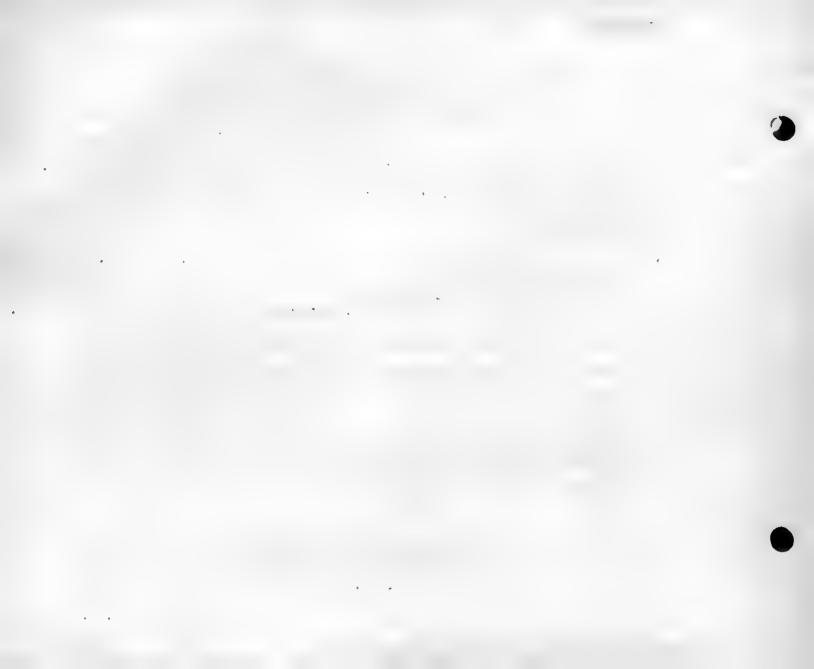




DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First HEALTH DEPT. 1 DECEASED NAME 2a. DATE KNOWN 2b HOUR (Type or Print) DEATH MATED TO 8115am George Meade delay and 3 th IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE ( n years DATE PRONOUNCED DEAD 2d HOUR and inst birthday) Hale Negro YRS. MARRIED NEVER MARRIED 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? WIDOWED [ DIVORCED [7] Prince George's IO. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR 120 USUA: OCCUPATION (Kind of work done give street address) during most of working ife, even if retired } INDUSTRY Clinton Medical Center Clinton death. 130 LSUAL RES DENCE (Where deceased lived, if institution; Residence before 13c, City OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER George's Brandywine in pencil in Item 18, Box 354 pages land 2 ofter 14 FATHER S NAME Middle last IS MOTHER'S MAIDEN NAME First Middle a Mes hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) 36-535 Famile APPROXIMATE INTERVAL within This certificate should be executed IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure "pending" minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Conditions, if any, which gove rise ta immediate cause (a). necessory, please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0) 0 or removal. CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO S YES 🔲 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature at injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R F.D. No. 21d INJURY OCCURRED City or Town County State foctory, office building, etc.) AT WORK AT WORK 220 | certify that I took charge of the remains described above, held an Autopsy ... Inspection XI. Inquiry [ ond in my opinion Matural causes X Accident . Suicide . Homicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 3-10-69 DEPUTY MEDICAL EXAMINER NAME (Type) Riverdale, Md. ADDRESS(Street, city, tawn, ar caunty) John Kehoe MD 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23d AOCATION (City or Tawn) (County) omas Ch DAMAR 1 7 19 FUNERAL DIRECTOR



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COD CTATE		1 24 24 1 2 2	· ·		MORE, MARYLAND 21201	04396
FOR STATE	1.0	EASED-NAME First	AL EXAMINER'S	Lekiiricair U		
HEALTH DEPT.		pe or Print)	Middle		20 DATE KNOWN Mon	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 to 3 to Page nt of		Gabriel	1, 100	Melice		26-69 195:30amM
PM3 Pag	3. 51		lost birthday)	1	ZC, DATE TROPOGREED DEAD	2d HOUR
· A FAT	Mã			RS.		69° 19 7:30amm
E	7а Е	RTHPLACE (State or foreign   7b CITIZEN OF WH		MARRIED NEVER MARRI	_	
The State		Mashington, D.C USA		IDOWED DIVORC	I TILLICE GEOTEE'	
3	10. C	give s	AME OF HOSPITAL OR INSTITUTI treet address)	ON (It not in haspital	12a USUAL OCCUPAT ON (Kind of work dar	De 126 KIND OF BUSINESS OR INDUSTRY
#	-	Suitland 232	O Wingate Roa	d	during most of working life, even if retired	industry  Covt.
poges 1 and 2 with hours ofter death.	130	SUAL RESIDENCE (Where deceased lived, if institutions) STATE 1.3b COUNTY			ASIDE CITY LIMITS? 13e. STREET AND NUMBER	
12. d				LUICHIU	<sup>IS</sup> □ NO □ 2320 Wingate	
ofter.		HER'S NAME First Middle	Last	1s. MOTHER'S MAIDEN		Last
poges   hours		uisseppe Melice	1	Ida Gal		
	(Y	AS DECEASED EVER IN L S ARMED FORCES?  , na, ar unknown) ("Lys are yor or do so of service)  ES 19/1/2 - 210	166 SOCIAL SECURITY NO	2320 Wing	Melica, Wife ADDRESS ate Road, Suitland,	Md., 20023
·=		18 CAUSE OF DEATH (Enter on y one cause per li	ne far (a), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
#ix		PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Heart failure			minutes
ŧ		Li / DUE TO, OR	AS A CONSEQUENCE OF A	rterioscler	otic heart disease	over 9 yrs.
eve		Canditions, if any, which gave rise to immediate cause (a), (b)				
os a burial-transit permit. File I, ond in any event within 72			AS A CONSEQUENCE OF			
E. E		ast (c)				
Health, prior to burial, cremation, or removal, and in any event within 72		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATE	D TO THE TERM, NAL DISE,	ASE OR CONDITION GIVEN IN PART 1(0)	
ıval,	10%	9a DATE OF OPERATION	195. CONDIT ON FOR WHICH (	OPERATION		20 AUTOPSY?
E 7	FICA		WAS PERFORMED?			YES   NO   TX
2	CERTIFICATION	To EXTERNAL CAUSE WAS 216 T ME OF	INJURY Manth, Day, Year	121c HOW INJURY OCCU	RRED (Enter nature of mount in Part I or Part	1-7
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.I				
3	MED	1d INJURY OCCURRED 21e PLACE OF INJURY (J	At hame, form, street,	211 LOCATION Street or R	R F D. Na C ty ar Tawn	County State
		WHILE NOT WHILE factory, office building	g, etc.)			
		22a. I certify that I took charge of the	ne remains described abo	ove, held an Autaps	y , Inspection 🕱, Inquiry	and in my apinian
		death resulted fram: Natural caus			tomicide Undetermined mann	
2		0 0	h/ /		MEDICAL EXAMINER	
5		ACTUAL SIGNATURE	Metro			ATE SIGNED
5_		EXAMINER'S	,	-111 0	MEDICAL EXAMINER	3-27-69
30		NAME (Type) John Kehoe MD	Riverdale, M	d. ADDRE	SS(Street, city, tawn, or county)	
T	230	BURIAL CREMATION 236 DATE	23c NAME OF CEMETE		23d LOCAT ON (City or Town)	(Caunty) (State)
	]	REMOVAL (Specify) urial 3/29/69	Cedar	Hill	Washington,	D. C.
4 1		UNFRAL DIRPCTOR	22390.0A		Sa. REC D. BY REGISTRAR 25b REG STRA	R S SIGNATURE
5) 1	1	obert E. Wilhelm Funer 308 Suitland Rd. S.E.	Suitland. Md	20023 P	ATE ATT 2 1969 JECC	contes Judge
70						<del></del>





					D STATE DEPARTME				
<i>A</i> 1		02207	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STRE	ET, BALTIMORI	, MARYLAND 212	)1 {}	34399
di di		AGGO!			ERTIFICATE OF D				
. 22	1. DE	CEASED-NAME . Fir	sř	Middle	Last	20. 1	DATE OF DEATH		2b. HOUR
that the death certificate be executed within 24 hours after about ion.  by the ottending physician and completely titled in by the funeral tronsit permit. Then please remave corbon papers. Pages I and 2 cremation, ar removal, and in any event, within 72 hours after death		ype ar pnnt)	ion.	H	mino.	D.	Month	Day Y	Year 949AM
ded unera 1 and rr deal	3. SE	Y (CC)   1	4 RACE		S. DATE OF BIRT		6. AGE (In year		
Ta sa	J. JL	, ,	T KNCL		Sept	· W 181	/ / last birthday)	MONTHS	DAYS HOURS MIN
rs Pag Urs	7 /	IVIQIO	7b. CITIZEN OF WH	T COUNTRY		(D) 19. COU	NTY OF DEATH	YRS.	
I hours after hours after the transport of the transport	70. t	IIRTHPLACE (State or fareign	76. CHEZEN OF WH	AI LOUNIRT?	MARRIED   NEVER MARRI		MII OF DEATH		
24 Id j		MIC	1	SH.	WIDOWED DIVORCE		Juse Cre	=00de-	Md.
within 24 to paper		ITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS (reet oddress)	TITUTION (If not in hospital		IPATION (Kind of work i vark ng life, even if reti		KIND OF BUSINESS OR
\$ \$ \$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	E	parstuille	FIW, K	C40.71	Kest Home	1 Ket	580	11.	.5 60VF.
completely with completely have corbainly event, with	13a.	USJAL RESIDENCE (Where deci	eased lived if institute	an Residence befare	1.44 4117 414 14417	4. INSIDE CITY L MITS?	136 STREET AND NUMB	iR ,	
core eve eve	оот	SSIGNI) STATE D.C	136 COUNTY	P.	WASh.	YES NO 🗆	5216 C/6	oud p	1. NE.
d c	14.	ATHER'S NAME First	/ Middle	Last	15. MOTHER'S MALE	DEN NAME First	Mide	lle	Last
ne death certificate be ex ottemding physician and permit. Then please rem ion, ar removal, ond in on		Tun	lecerson	u)	l	luker	cown		
ife cian eos ond	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b, SOCIAL SECURITY	IO. 17 INFORMANT		Addr		
N S I	Y	es, na, ar unknawn) (# yes go	ve wor or dates of service)		Elpine B	ERRY.	5216 C/ac	dPl.	NEDC
rent pher nov		18 CAUSE OF DEATH (Enter		e for (a) (b) and (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
i ii ii ii		PART I. DEATH WAS CAU	SED BY:	Luna	abdaining a	Annt	a Anguni	4	4 Noc
dea tremit		IMME .	DIATE CAUSE (a)	Proper	1700011111141	1101017	c megicip	0122	1 111-20
b o o		Conditions, if any, which gav	DUE TO, OR A	1 / /	Is CARdiovas		Nimuse		WPARS
thot the on. by the tro≡sit p		rise to immediate cause (o	I (D)K here)	-CKICSC/GRO	TIB WHILLIOUMS	00011410	CIASTATO -		9077740
cre of the cre		stating the underlying caus	DUE TO, OR A	S A CONSEQUENCE OF					
pliysicion. pliysicion. signad by the burial-tromsit buriaf, cremo		last.	, (c)	NA SA RESTURBIES	27 - F1 - F2 - F1 - F1 - F1 - F1 - F1 - F1	DISCLES OF COMPLETE	DAY O VIEW MY DEBY 15 )		
law requires that the death certificate be executed rading plysicion.  bean signal by the ottending physician and comples the burial-transit permit. Then please remove coingret burial, cremotion, or removal, and in any event		PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DIZEAZE OK CONDITA	JN GIVEN IN PART I(a)		
law rending bean s the ior to	3								
The law reattending has being se os the the prior to	3	190 DATE OF OPERATION 19	9b. CONDITION FOR WHI	CH OPERATION WAS PE			20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERE	ED IN CERTIFYING
I: The law re- or attending late has been s use as the late the prior to k	CERTIFICATION				YES 🗌	ио 🗵			
OR ATTENDING PHYSICIAN: The be retoined by the hospital or attained. SIRECTOR: After this certificate he is 3 should be defoched for use ed with the Stote Dept. of Health the		21a. ACCIDENT WAS UNDER!		INJURY Manth Day Year	21c HOW INJURY OCCU	RRED (Enter noture	of injury in Part 1 or P	art 2, Item 18.)	1
PHYSICIAN: e hospital or his certificate stoched for u Dept. of Heal	MEDICAL	OR CONTRIBUTING CAUSE OF C	miner) P.M.	1					_
res cer che pt.	¥	21d INTURY OCCURRED 2	1e. PLACE OF INJURY	AT HOME, FARM, STREET, FA	TORY.) 21f LOCATION Street	ar R.F.D. No	City or Town	Caunt	ty State
DING PHYSICI by the hospit After this certif Stote Dept. of		While Not while of work							
ENDING ned by the R: After the uld be d		22a. I certify that (4)	this haspital) atte	ended the deceas	ed fram / - 2 = 9 6 9 , and that in (ray)	2,1969,	ta3 - 8	, 1964	, that (+) (we) las
A P A P A P A P A P A P A P A P A P A P		saw the deceased	alive anع	- 8	9 <u>69</u> , and that in (ray)	) (aur) opinian (	death occurred an t	he date and	I hour and from the
ATTENI ATTENI Stoined TOR: A Should iff the		causes stated abo	ive, (I) (we) (did)	(did not) yiew the	bady after death.			00 0195 015	
A STATE OF THE STA	1	22b. SIGNATURE	, A	(1/2-	ATTENDING	MED DIRECTO	STAFE M	22c DATE SIG	
OR DIRE	Ш	1/6	11k)-	necr.	/// DEGREE PHYS		R PHYS.	MA	K, 8, 1969
Pog		22d. PHYSICIAN'S NAME (Type)	1110	2 54	22e. ADDRI	ESS //a	1) K 51	c /1100	1/ 10 20076
TO HOSPITAL OR ATTEN Poge 4 may be retoined TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	<u>.</u>	60	TATER	11/2/17	LL V 16400	MARIDO	20 MKE OIL	· WHS	7. 11.67 20018
HO Be FUN Pert	23q		b DATE	23c NAME OF	CEMETERY OR CREMATORY	23d.	LOCAT ON (City or Town	) (Caun	nty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify)	3-11-69	14121	engton Ni	KIF F	111400	VA	
VR A15 (4)	24.	FUNERAL DIRECTOR .	La . Clas	ADDRESS	Ladge DVE	2So. REC'D BY REGI	7127	TRAR'S SIGNAT	JRE ALAR
30M REV 1/68	1/1	1.5. Washingt	6 NI 4 2011 2	4925 L	EMIL IT NE	DMAK 14	1969 400	goon	0

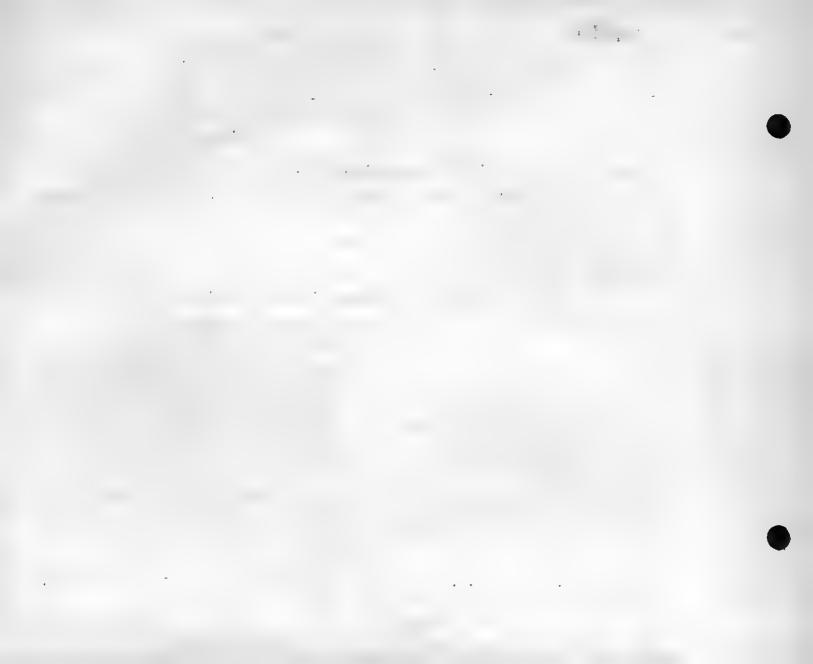


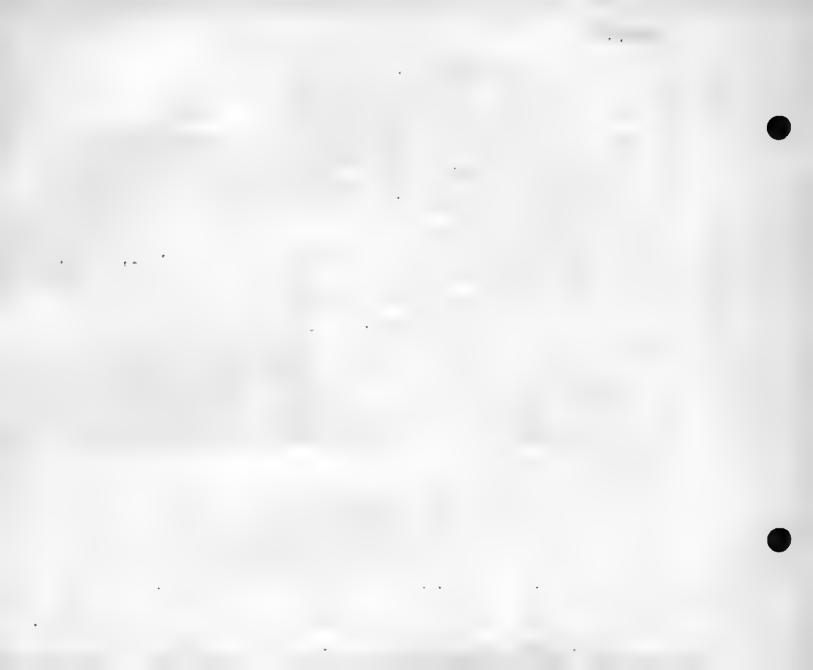
	1	07700	DIV	ISION OF I	MARYLAI VITAL RECORDS			ENT OF HEAL FET BALTIMOR		21201		
		04408				CERTIFICA			C, MARTEMED	21201	- 044	00
		ECEASED-NAME Type or print)	First Octav	ions	Middle P.	Mite	he 11	20.	DATE OF DEATH March	h 1 <sup>D</sup> 2Y	1 <sup>1</sup> 9%9	25. HOUR 2:47 PM
	3. \$1			RACE			5 DATE OF BIR		6 AGE (+	n veors	IF JMDER 1 YEAR	JUNDER 24 HRS
	70	Male BIRTHPLACE (State or forei	ap   7h C	Negro	AT COULTDV2		12/6/1			YRS		
1	{OL	Maryland	_	.S.A.		MidoMED [			UNTY OF DEATH Fince Geo	rges		Md
1	,	ITY OR TOWN OF DEATH		Glei	ME OF HOSP TALOR II reet address) nn Bale H	ospital		during most of unknown	UPAT ON (Kind of working ife, even	work done if retired )	12b KIND OF BU	SINESS OR
# 1	13o odm	USUAL RESIDENCE (Where ssion) STATE	deceased live	od, if institution GOUNTY	n. Residence before	Wash.,		3d INSIDE CITY LIMITS? YES NO	13e STREET AND 2810 Sh		Terr.,	S. E.
3	14. 1	ATHER S NAME First		Middle	Lost	15	MOTHER'S MAI	DEN NAME First		Middle		Lost
)			known						unkn	.own		
	160. Y	WAS DECEASED EVER IN Les, no, or unknown) (If	.S. ARMED FO	ORCES?	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT			Address		
		ınknown			unknown		D. C. (	General I	<u>lospital</u>	record		
		<ol> <li>CAUSE OF DEATH (E. PART I. DEATH WAS</li> </ol>	nter on y one	couse per line	for (o), (b), and (c	))					APPROXIMA BETWEEN ONSI	E INTERVAL EL AND DEATH
		I de la la	MMEDIATE CAI		ebsiella						days	
signed by the attending physician and co burial-transit permit. Then please remo- burial, cremation, or removal, and in any		Conditions, flony, which	e (n)	{D}	A CONSEQUENCE OF	0810112	1				month	s
		stoting the underlying lost.	conze	OUE TO, OR AS	A CONSEQUENCE OF eneralize cerebrova	d arter	ioscler accider	rosis wit	h recurr	ent	years	
		PART 2 OTHER SIGNIFICA				IOT RELATED TO	THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART	l(o)		
	NO.	Aneurysm of				O CORNER	Lab Maria					
1	CERT FICATION				H OPERATION WAS P		YES X	NO 🗀	CAUSES OF DEATH	?	ONSIDERED IN CERT	IFYING
	MEDICAL CE	210 ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	DF DEATH exominer)	216 T ME OF I HOUR A.M. P.M.	Month Day Year	9			e of injury in Port 1	or Port 2, I	tem 18)	
		21d. INJURY OCCURRED While hot while of work	21e. PLACE		AT HOME, FARM, STREET FA DEFICE BUILDING, ETC				City or Town		County	Stote
			sed arive c	n 3/	nded the deceas 12/ Kਕੇਸ਼ਨਮ view the	19_69, and	that in (1979)	, 19 <u>68</u> , ) (our) opinion	to <u>3/12</u> deoth occurred	, 19 <u>.</u> on the do	69 , that x te and hour or	体(we) last id from the
		22b. SIGNATURE	line	Wen	1	DEGREE	11,12	DIRECTO			DATE SIGNED 3/12/196	9
			Moe We	iss, M	. D.		22e ADDRE		n Dale Ho Dale, Ma	spita rylan	d d	
	L	BURIAD CREMATION, REMOVAL (Specify)	23b. DATE 3-1\$	-69	23c. NAME OF	CEMETERY OR CI	ADRIAL	PARK_2	LOCATION (City or		(County)	(Stote)
)	24 ′	FUNERAL DIRECTOR	6	1	ADDRESS	100 Li	1 1)] 2	So. REC'D BY REGIS	9 1969	REGISTRAR'S	SIGNATURE	AP -7.
8		10/110	15	tun.	F FIRST	227 1	In Thur	DATE MICHINE	م المولوا و	16.18	1 11 7	5



_ 1	DIVISION OF WIT	MARYLAND STATE DEF		ZAMD 01001	
EOD CTATE		· · · · · · · · · · · · · · · · · · ·	ON STREET, BALTIMORE, MARY		04401
FOR STATE	DECEASED NAME First	:DICAL EXAMINER'S (	CERTIFICATE OF DEATH		
MEALTH DEPT.	(Type or Print)	,		2a DATE KNOWN Manth OF ESTI	,
ny delay is 2, and 3 ta PM3. Page partment af	William	Edward	Mitchell Funder   Year   IF Under 24 HRS	DEATH MATED 13-23	
Jela 3. P	SEX 4 RACE S DATE	OF BIRTH 6 AGE (n years	MONTHS DAYS HOURS MIN	2c. DATE PRONOUNCED DEAD  Month	2d HOUR
P. O.	ale White 2-20	)-1927   42 YE			69 Vear 13:05pm M
Dep H			20	UNTY OF DEATH	
ath my delay is ages 1, 2, and 3 to the form PM3. Page 5 to the form pm3 to the form p			DOWED DIVORCED P	rince George's	Md
Give Pages and with farm the State	CITY OR TOWN OF DEATH	1 NAME OF HOSPITAL OR INSTITUTION GIVE street address)	UN (IS not in haspital   12a USUAL C	CCLPATION (Kind of work done of working) te, even if retired (	INDUSTRY S GOV
d v d	Cheverly	Prince George I	lospital Economi	ist-Statistic	ian(Dept.of
2 with death	c LSLAL RESIDENCE (Where deceased lived if pdm ssian). STATE 13b COU Mary land Prin	NTY Ce George's Mito		13e STREET AND NUMBER	Invertor
out 18 Sivillate alang and 2 with the				Mt. Oak Ro	
hastraffer de them 18 Sive H Office alang w land 2 with the after death			15 MOTHER S MAIDEN NAME First	1111111111111	Last
ncil in niner's pages hours	J. Harold WAS DECEASED EYER IN U.S. ARMED FORCES?		17. INFORMANT	an Walker Sl.	
	(Yes, no, or unknown) (if yes give wor or dates of s	16b. SOCIAL SECURITY NO.		ADDREMITC)	hellville,
l with per Exam Exam File			Joan Douglas N	Trcuerr-Md	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E onsit permit. F event within	18. CAUSE OF DEATH (Enter only one couse PART I, DEATH WAS CAUSED BY-				BETWEEN ORSET AND DEATH
ding ledik vii	IMMEDIATE CAUSE (d	Gun shot wound	i of head		
e ey pen of M	Canditions, if any, which gave )	O, OR AS A CONSEQUENCE OF			
d b d fi Chie rron y er	rise to immediate cause (a)	O, OR AS A CONSEQUENCE OF			+
culd ward the Ch	stating the underlying cause	IU, UK AS A CONSEQUENCE OF			
ficate shauld be executeding the ward "pending" is deed to the Chief Medical as a burial-transit permit.	PART 2 OTHER SIGNIFICANT CONDITIONS CONT		D TO THE TERM MAI DISEASE OR COMPLY	OH CARSON IN DARK 1/ )	
cated by the bed an an an	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH BUT NOT KELATE	D TO THE TERMINAL DISEASE OR CONDIT	UN GIVEN IN PAKT I(d)	
ating by a large of the second	190. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERAT ON		T20 AUTOPSY?
KAMINER: This certificate shate the term certificate, writing the way at 4 shauld be farwarded to thyour fles.  Sage 3 shauld be used as a buricemation, or removal, and in	190. DATE OF OPERATION  210 EXTERNA. CAUSE WAS PRIMARY OF OR CONTRIBUTING HEADER OF DEATH 121d INJURY OF CHREED 121a PLACE OF N	WAS PERFORMED?	1 4.7711 - 4.14		YES NO TR
Thi icati	210 EXTERNAL CAUSE WAS 2 b TI	ME OF INJURY Month Day, Year	21c HOW INJURY OCCURRED (Enter dat	ute of niury in Part 1 or Part 2 the	
ER: certif rauld les. shauk rian,	PRIMARY OR CONTRIBUTING H	OUR A.M. 100am 3-23-19 69	Shot self with .2		•
MINE the ce the		URY (At hame, farm, street,	211, LOCATION Street or R.F.D. No.	City or Town	Caunty State
AM b th our our ige	WHILE HOT WHILE TYPE factory, office	building, etc.)	same as #13	,	,
L EXA ecute Page ar yau R: Pag	220. I certify that I took charge			spection x, Inquiry	, and in my opinion
SICAL EXAMINER: se execute the certi sctor. Page 4 shauld med far yaur fles. IECTOR: Page 3 shau burial, crematian,		causes . Accident/	Suicide 🔀 Hamicide		
please explease explease explease.  I director.  DIRECTO  or to but	Occur resolved from, Marola	h Accident	CHIEF MED CAL EXAMI	· _	
Print of the last	ACTUAL	N ST	ASSISTANT MED CAL EX		SIGNED
UTY Darry, Pr. Pr. Pr.	SIGNATURE	11/20	M D. DEPUTY MEDICAL EXAM	Zantaca	24-69
O DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may like retained for your O FUNERAL DIRECTOR: Page Health, prior to burial, crem	EXAMINER'S NAME (Type) John Kehoe	M.D. Riverdale	1DDDCC(/5		
ro DEPUTY necessary, the funera 5 may lie 70 FUNERA Health, pr	a BURIAL CREMATION/ 235 DATE	23c. NAME OF CEMETER	RY OR CREMATORY 230	LOCATION (City or Town)	(Caunty) (State)
0	REMOVAL (Specify) 3/25/6	1		Mitchellville	,
(2)	. FUNERAL DIRECTOR	TT_ADDRESS	2So REC'D BY R	EGISTRAR 25b. REGISTRAR S	SIGNATURE
VR A15ME (S) 10M REV 1.488	itchie Bros. Fun'	1 Home-Mary la	Marlboro APR	1 1969 Pilian	Cas June 12







سننا		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE		04413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04405
H DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 2b HOUR
So to	,	Robert Gordon Mortimer DEATH MATER 3-8-	69 191:00amm
pourtment	3. 5	The state of the s	2d HOUR
<b>57</b>		Vale White 4-9-1942 26 YRS 3 8	69 19] 2nioon M
	cour	" Prince George's	Md
- *			126 KIND OF BUSINESS OR INDUSTRY
deoth	130	LSLAL RESIDENCE (Where deceased lived if institution: Residence before) 13c CITY OR TOWN 13d INSIDE CITY LIMITS?   13e STREET AND NUMBER	4
dec	1	dm ssion) STATE Prince George's Suitland YES NO 4882 Eastern	Avenue
0 0	14. (	ATHER S NAME First Middle .ost IS MOTHER'S MAIDEN NAME First Middle Unchroser Unchroser	Lost
/2 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es. no, or unknown)  (If yes give wer or dotes of service)  16b. SOCIAL SECURITY NO  17 INFORMANT  17 INFORMANT  180 5 70	N MASS
	-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Gun shot wound of head	BETWEEN ONSET AND DEATH
dny event within		DUE TO, OR AS A CONSEQUENCE OF	
D >= U		Conditions, if any, which gove rise to immediate couse (a).	
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
İ	TIFIC	WAS PERFORMED?	YES 😿 NO 🗌
	L CER	216 EXTERNAL CAUSE WAS PRIMARYZE OR CONTRIBUTING 216 TIME OF INJURY Month, Doy, Year PRIMARYZE OR CONTRIBUTING 1	m 1B.)
	MEDICAL	CALSE OF DEATH 1:00am 3-8- 1969 Shot self at home	
	5.	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.)	County State
		AT WORK AT WORK W home Same as #13	
		22a   certify that I took charge of the remains described above, held an Autopsy 🖾, Inspection 🖾, Inquiry 🗀	
		death resulted from Natural Guses Accident Suicide Homicide, Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE:	EICHEN
PL		SIGNATURE TO SELECTION OF SELEC	-10 <b>-</b> 69
		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Smeet, city, town, or county)	20-07
	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
	1		MASS
	24	FUNERAL DIRECTOR 11 Class 4398 SADDRESSELLAN Rd 250 RECD BY REGISTRAR 250 REGISTRARS S	
		pavers 6 Welleton Autoril med DATE 17 1969 11 may	Par Day day



	_	ı	02747		ND STATE DEPARTI			
+		I <sub>T+</sub>	em5 FilmGilO 3/	DIVISION OF VITAL RECORDS			IRE, MARYLAND 21201	#S # #
/ Amo		<u> </u>			CERTIFICATE OF	DEATH		04406
2	death.		ECEASED NAME Type or print)  Cona	Middle .	muller	2	o DATE OF DEATH  Month Narch  O	26 HOUR 77 4 M
	at a te	3. 5	female	4 RACE white	S DATE OF March	BIRTH 10, 18	6 AGE (In years lost birthday)	FUNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
	Pour Pour Pour			7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	ARRIED 9 0	0 81 YRS.	
	24 h ed in ipers.		New YOLK	USA		ORCED	Pro George's	Md.
	completely filled in fove carbon papers. y event, within 72 h		Greenbelt	give street address)	ISTITUTION (If not in hospital		(CJPATION (Kind of work done if working life, even if retired) DUSEWITE	12b K NO OF BUSINESS OR INDUSTRY
	complete ove car	13a. adm	LSJAL RESIDENCE (Where decease issian) STATE ALC	d lived, if institut an Residence before 13b. COUNTY Pro George	s Greenbelt	AEZ NO	13e STREET AND NUMBER 10 Pinecrest	Court
	and cond in ony	14.	FATHER S NAME First Alexandr	Middle Lost	IS. MOTHER'S A	MAIDEN NAME FIIST	Middle Galloway	Last
	physicion and ren please rent oval, and in on	160	WAS DECEASED EVER IN U.S. ARME (bs, na, ar unknown) (If yes give was	ED FORCES? For doles of service)  16b SOCIAL SECURITY		owers	Address	Md.
and the second	The law requires that the death certificate be executed within 24 hours after death ottending physician. Hos been signed by the attending physicion and completely filled in by the fuceral ise as the burial-transit permit. Then please remove carbon papers. Page 11 and the prior to burial, cremation, or removal, and in ony event, within 72 hours at the edit		PART 1 DEATH WAS CAUSED	One couse per line for (a), (b) and (c) BY:  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  OTHORS CONTRIBUTING TO DEATH BUT N	elijee E	11/Lievo	velare	APPROXIMATE INTERVA. BETWEEN DASTE AND DEATH  2 C - CCC.
	w requiring plans	80	[n.co	wife Bran	tures	<u> </u>		
	The la otteno thos by se os the prio	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PI	RFORMED 20a ACT		20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	PHYSICIAN: e hospital or his certificate stached for u Dept of Heal	DICAL CE	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (if either, notify medical examine	HOUR A.M Month Day Year	21c. HOW INJURY OF	CURRED (Enter not)	ure of injury in Port 1 or Port 2,	(tem .8)
	PHYS he hosp this cel letache Dept	ME	21d INJURY OCCURRED 21e. P While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFF CE BUILDING, ETC.		eet or R.F.D. No.	City or Town	County State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be fled with the State Dept of Health prior to 1		22a. I certify that (1) (this saw the deceased ali	haspital) attended the decease ve an ドル・ストー (1) (we) (did) (did nat) view the	ed from Och Off 1962, and that in (n bady after death.	ny) (aur) apiniar	, ta / 2000 GAC , 19 a death accurred an the do	te and haur and from the
	OR AT be reto DIRECTO		22b SIGNATURE	loper en	DEGREE PHYS	DIRECT		DATE SIGNED 1969
	O HOSPITAL Page 4 may O FUNERAL I director, pag		22d. PHYSICIAN'S NAME (Type) Till B	Bergemann, M. D.	22e AD 115		y, Greenbelt,	Nd.
	Page Page To FUI direct				cemetery or crematory od Cemetery	230 I	Last Aurora Cay	(County) (Stote)
	VR A15 (4) 45M - 1/69	24	FUNERAL DIRECTOR F. Gasc	ch's Sons Hyattsvi	lle, Md.	DATEMAR 1	0 1969 PCLIA	SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04407 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Middle Inst 2a DATE KNOWN:□ Month 2b HOUR (Type or Print) OF ESTI 3-19-69 Charles Mvers Sr 19 5:15 pm Jond-2 with the State Debaltment of 3 SEX 4 RACE 6 AGE (in years IF UNDER 24 HRS S DATE OF BIRTH 2c DATE PRONOLINGED DEAD 2d HOUR White 3-8-1884 195:25pm M Male YRS 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED [ INEVER MARRIED ] 9 COUNTY OF DEATH country) Md Office olong with form USA WIDOWED -DIVORCED [ Prince George's hours ofter deoth 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR give street address) during most of working ife even firetred) MOUSTRY Cheverly Pro Georges Hospital insurance 130 USUAL RESIDENCE (Where deceased lived if institution: Residence pergret 13c CITY OR TOWN 13d. INSIDE CITY UM-TS? 13e STREET AND NUMBER odm ssion) STATE Maryland Prince YES NO George's Brentwood 4304 40th, Place after 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Lost Midd e Charles Marv 24 Myers Myers hours poges 4 should be forworded to the Chief Medical Examiner pencil 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT be executed within (Yes, na, or unknown) [If yes give war or dates of service] College Park, Md. 577 096 254A Marie M Daniels APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease linknown Canditions, if any, which gave 3 rise to immediate cause (a), This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO SE YES [ 21o. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of in vry in Part 1 or Part 2, item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING SICAL EXAMINER: CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF INJURY (At hame, form street, factory, affice building, etc.) 21f LOCATION Street or R F D. No. City or Town County State WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection DC. and in my apinian Inquiry F Natural causes, Accident Suicide . Hamicide death resulted from. Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED the funeral ASSISTANT MED CAL EXAMINER SIGNATURE O DEPUTY 3-20-69 DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) John/ Kehoe MD Riverdale, Md. 23a BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Burial Mar. 22, 1969 Ft Lincoln Cemetery Colmar Manor Md. Pro Geo 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE Gasch's Sons Hyattsville, Md. VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1	ı			D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL		
5		04416		CERTIFICATE OF DEATH	IIMUKE, MAKTLAND 21201	04408
4 24		ECEASEO-NAME First	Middle	Losi	20. DATE OF OEATH	2b. HOUR
to de control	(	Type or print) Mary	. J.	Newman	3 Month 21 Do	9:35am
الم المالية	3 5		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER LYEAR OF JINDER 24 HRS
y the J Poges Urs affi		Female	White	2-25-17	last-birthday)	MONTHS DAYS HOURS MIN
hours or the by the se. Page hours of	7a.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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ond completely filed in by the fundrel in ony event, within 72 hours after death		CITY OR TOWN OF DEATH Riverdale		of Memorial during r	JA. OCCUPATION (Kind of work done nast of working life, even if retired )	12b KINO OF BUSINESS OR INDUSTRY
complete confidence co		USUAL RESIDENCE (Where decease ussion) STATE Maryland	d lived, if institution Residence before 13b COUNTY Prince George	Riverdale YES	LIMITS?   13e STREET AND NUMBER   4911 Riverda	le Rd
omy of contract	4	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Lost
ote be exe		Rober	t Kerns		Jesse	Dignan
icion cond III	160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURITY I		Address	N <sub>1-1</sub>
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he deoth certific e attending phys permit. Then p		18 CAUSE OF DEATH (Enter only	y ane cause per line far (a) (b), and (c).			AFFROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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The after hos se as	I H	18 MAR 69 11	VIEST. OBSTRUCT	TON YES NO	CAUSES OF DEATH?	
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ICLY pito pito of f	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate Poge 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the buriol-transit permit. Then pleas should be filed with the State Dept. of Heolth prior to burial, cremotion, or removal, oncomes	M	at wark at wark	PLACE OF INJURY (AT HOME, FARM STREET, FAC		,	Caunty State
DINC by fifter be Stat		22a. I certify that (I) (this	s haspital) attended_the decease	ed from 3 - 17 , 19 9 62 , and that in (my) (aur) ap	69 , ta 3 · 2/ , 19	69, that (I) (we) last
FENG ned ned uld the		causes stated above.	(I) (we) (d d) (did nat) view the	9 <u>52 /</u> , and that in (my) (aur) ap bady after death	linian death accurred on the do	ate and havr and from the
AT AT SHE		22b. SIGNATURE	17			DATE SIGNED
OR De red v ed v			Jourann -		MED STAFF DIRECTOR PHYS D	? 1 MARCH 69
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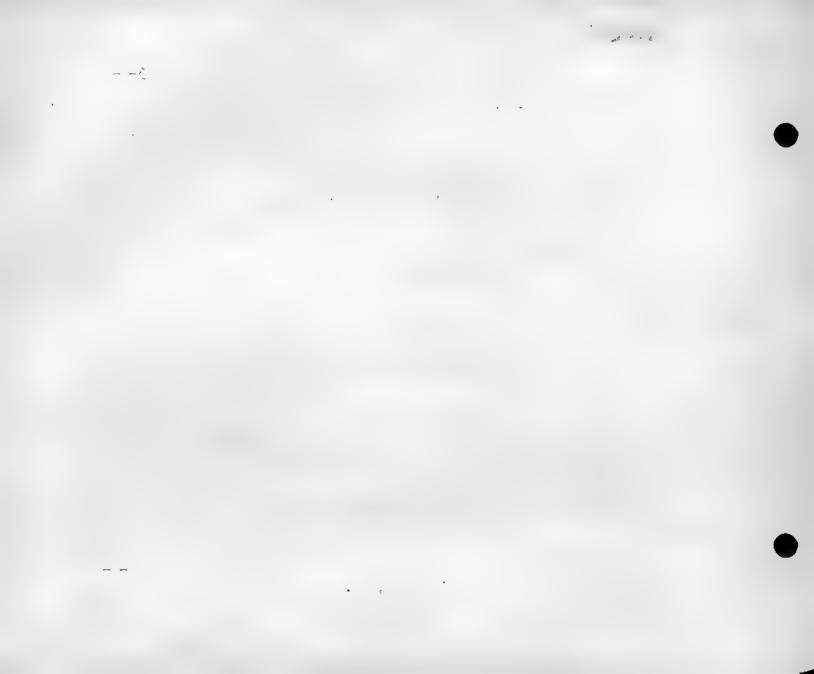
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ATTEI e taine CTOR shoul	П	22b. S GNATURE	100	nie body direct dedit		22c. [	DATE SIGNED
OR ATTEN be retained DIRECTOR: /	П	1 Cech	and of they	MEGRIE	ATTENDING MED	ECTOR D STAFF D 3	-8-69
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HOSPI Page 4 r FUNER director,	230	BURIAL, CREMATION, 23b I	DATE 922 MALE	OF CEMETERY OR CREM		23d. LOCATION (City or Tawn)	(Cart)
Page 4	230	REBUTTET 3/	10/69 Ft.I	incoln Ce	om.	Colmar Manor,	(County) (State)
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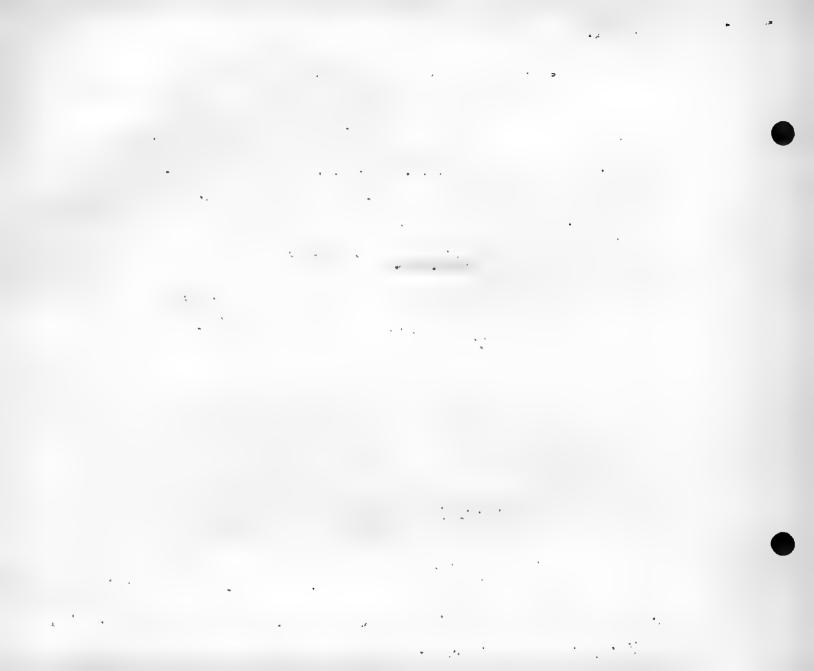
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TEND inned I OR: Af auld to		causes stated abav	alive an 3/3/67 (I) (we) (did) (did nat) view th	_19, and fhat in (i e bady after death.	my) (aur) apınian	death accurred an the		d tram the
OR All be reto DIRECT.		22b SIGNATURE	ust. Beuldil.	DEGREE PHYS	DING MED DIRECT	OR STAFF	22c. DATE SIGNED	
D HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the hospital ar attending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept of Health priar ta		22d. PHYSICIAN'S NAME (Type) L U 1,	SPENTOLILA	220. AL	DORESS	learges Ha	spital	
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept of Health priar ta burial, creashauld be filed with the State Dept of Health priar ta burial, creashauld be filed with the State Dept of Health priar ta burial, creashauld be filed with the State Dept of Health priar ta burial.	230	BURIAL, CREMATION, 236 REMOVAL (Specify)	DATE 230 NAME O	OF CEMETERY OR CREMATORY	il Tark 23d	OCATION (City or Town)	(Соилту)	(State)
VR ATAIN (	24.	FUNERAL DIRECTOR	ADDRE	Sw. Horth ave	250 REC'D BY REC	GISTRAR 256 REGISTA	PS S GNAURE LAG	102
30M REV	1	Joseph LRus	a fineral home	21216	DATE MAR	7 1969 8	a	



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	04421 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04414
1	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Day Year 2b, HOUR
П	(Type or Print)  Fabian  OF ESTI-  DEATH MATED   DEATH MATED   DEATH MATED   The state of the st	
3	SEX 4 RACE S DATE OF BIRTH 6. AGE (In yours 1 if UNDER 1 YEAR   F JNDER 24 HRS 2c, DATE PRONQUINCED DEAD	2d, HOUR
M	ale Negro 1-29-1969   last birthday) MONTH'S DAYS HOLRS MIN Month Doy	69 19 5:12pm M
	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 3 9. COUNTY OF DEATH	
_	mity) MD. P.G.CO. USA WIDOWED DIVORCED Prince George's	Md
10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital  2a USUAL OCCUPATION (Kind of work done give street oddress)  Cheverly  Prince George Hospital	126 KIND OF BUSINESS OR INDUSTRY
130	SUBJECT CONTROL OF THE PROPERTY OF TOWN 13d. INSIDE CITY UNITS? 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER	
_	aryland Prince George's Upper Marlboro YES 10 10 9304 Chestnut	Drive
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Herace Paul Proctor I Levera J. His	Last
14.		rt
	. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [If yes give wor or dotes of service]   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	
-	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	
	Onditions, if any, which gave )	
	nse to immediate cause (a). (b)	
	losi	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
×		
CERTIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
RIF		YES 🔀 NO 🗌
MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	tem 1B)
×	21d INJURY OCCURRED  WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)  21f LOCATION Street or R.F.D. No.  City or Town	County State
	220. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry	ond in my opinion
	deoth resulted from: Notural causes 🖾 / Accident 🔲, / Suicide 🔲, Homicide 🔲, Undetermined monner	
	ACTUAL CHIEF MEDICAL EXAMINER COL DAY	
	SIGNATURE ASSISTANT MEDICAL EXAMINER L. 220 DATE	SIGNED
	EXAMINERS /	<u>&gt;~09</u>
23	TELVETGELEC INC.	(Coupty) (State)
10	REMOVAL (Specify) 3/8/69 RESULTECTION (City of Town)	12
24	FUNERAL DIRECTOR REACON THEFT HOLE INC. ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 2	
	2500 NICHOLS AVENUE S. E. Wash, D. C. DATEMAR 1 4 1969 Folio	res Junge.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04416 DECEASED NAME Middle First 20. DATE OF DEATH (Type or print) 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In vegrs IF UNDER YEAR IF UNDER 24 HRS lost birthday) buriol, cremation, or removal, and in any event, within 72 haurs of MONTHS HOURS within 24 haurs 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH MARRIED MEVER MARRIED WIDOWED [7] D.VORCED [ Filed 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in pospital ' 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddiess) Hynttsville Nuksing during most of working life, even if retired) remove corban completely 130 USUAL RESIDENCE (Where deceased livedy if institution. Residence before 13c CITY OR FOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER execured odmission) STATE 136, COUNTY YES 📆 NO [ GRAN 4 FATHER'S NAME M'ddle IS MOTHER'S MAIDEN NAME First M-ddle ANDOLPH ROOMES physicion ( requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or upknown) (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the bur of-transit p Conditions, if any, which gave ! enerally. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE, OF stoting the underlying couse active ellows elicle ial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 160) for use os the l f Health priar to b TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES 🔲 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21r HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year be detached for State Dept. of F (If either, natify medical examiner) 21d. INJURY OCCURRED 210 PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not white of work 22a. I certify that (1) (this haspital) attended the deceased from... 2-10 . 1969, to 3-26be retained by saw the deceased olive on 2-26- 1969, and that in (my) (aur) opinion death accurred on the date and hour and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SiGNATURE 22c. DATE S GNED ATTENDING DEGREE PHYS 22d. PHYSICIAN S 22e. ADDRESS 230 BURIAL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) LINCOLN MEMORI 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



3-	1 4	10110	DIVISION OF VITAL REC	ORDS, 301 W. PRESTO	ON STREET, BALTIM	ORE, MARYLAND 2120		
	1	04424		CERTIFICATE	OF DEATH		04417	
± -2±		ASED-NAME Firs	st Middl	0 1	ast	20 DATE OF DEATH		2b. HOUR
deat	(Тур	e or print)	NIE P.	KEEI		MARCH	Doy Year 69	450 AM
	3 SEX	- Language	4 RACE	S DA	TE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF	UNDER 24 HRS.
to Page		F	$\omega$ .		9-24-7	7 2   last birthday)	YRS. MONTHS DAYS HE	OURS MIN.
by de	7a. BIR	THPLACE (State or foreign	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED   NE	VER MARRIED 7.	COUNTY OF DEATH	7	
n 24 ho illed in papers.	COOMING	Maryland	U.S.A.	WIDOWED K	DIVORCED [	PRINCE G	EORG ES	Md
filled in paper.	10. CIT	OR TOWN OF DEATH	11 NAME OF HOSPITA gave street address)	LOR INSTITUTION (If not in hi	aspital 12a, USUAL (	OCCUPATION (Kind of work d of work ng life, even if retire		INESS OR
ed withi	1	ANHAM	MAGNelia	GARNENS .	NURS MS	Homemaker	Own	Home
urted anyplet	13a, US admissi	JAL RESIDENCE (Where dece	ased lived, if institution Residence			-		
re executed within 24 and top pletely filled caneve carban paper in any event, within 7								
and to	14 FAT	HER'S NAME First	Middle		HER'S MAIDEN NAME First			Lost
ate be	16- 10	Willas  AS DECEASED EVER IN U.S. AI			Mar		Marte	
e death certificate b ottending physicià vermit. Then please an, or remaval, and		up of pulknown) (It has dive	RMED FORCES?  a war or dates of service)				ing Drive	
that the death certifi an. by the attending phy transit permit. Then cremation, or remova			7.7.	Mrs.	Adelia R	Andrews,	Bethesda	
th c	1 1"	PART   DEATH WAS CAUS	anly one couse per line for (a), (b), SED BY	and (c)	tiamonas.	R11-	BETWEEN ONSET	AND DEATH
ne death attendir permit. ian, or re	ш	IMMED	DIATE CAUSE (c)	awan pri	· ·	1100		
the a	0	anditions, if any, which gave	DUE TO, OR AS A CONSEQUE	NCE OF COLORS	terainalar	-110		
that an. by th ransir	ri	se ta immediate cause (a)	(b) Constant	we de a	20 May 1000 V	april		
te law requires that the death certificate be executed within 24 haurs after death tending physician.  as been signed by the attending physician and cappletely filled in by the funeral as the burial-transit permit. Then please caned carban papers. Toger and 2 prior to burial, crematian, or remayal, and in any event, within 72 hours after death		ating the <u>underlying couse</u> st	Arte	riosclerol	ir conder-	vascular des	case	
equires physicic signed burial-t burial,	F	ART 2. OTHER SIGNIFICANT (	ONDITIONS CONTRIBLTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE, OR CON	DITION GIVEN IN PART 1(a)		
w red ding p een s the b rtab	æ		Urmary	tracts	Meetin			
The law reathending has been se as the th prior ta	ATIO IT	a. DATE OF OPERATION 19	CONDITION FOR WHICH OPERATION	WAS PERFORMED 20	a AUTOPSY?		IGS CONSIDERED IN CERTI	FYING
	CERTIFICATION				YES NO	CAUSES OF DEATH?		
NN: Il ar cate ar u deal		a ACCIDENT WAS UNDERLY ] OR CONTRIBUTING ☐ CAUSE OF DE			URY OCCURRED (Enter no	ature of injury in Parl 1 or Pa	rt 2, 1tem 18.}	-
printing and the second	ă O	either, natify medical exan	niner) P.M.	19				
JING PHYSICIAN: The by the haspital ar a differ this certificate be detached far use State Dept. of Health		1d INJRY OCCURRED 21	e. PLACE OF INJURY ( AT HOME, FARM, OFFICE BUILDING,	TREET, FACTORY.) 21f LOCATIO	N Street ar R.F.D. Na	City or Town	Caunty	State
r thi det te D	at	wark at work			- 10	6 16	10 (0 11 11)	
DIN Affte be Sta	1	2a. I <b>certify</b> that (1) (t	bis hospital) attended the colive on 3 19	eceased fram	t in (my) (our) onini	on death occurred on the	, 19 <u>67</u> , that (1)	d from the
DR: JEN Buld the		couses stated above	ve, (i) (we) (did) (did not) vie	w the body ofter deoth	·	on deam occurred on the	e dore and noor on	A 11 OHI IIIC
OR ATTENION DE retained SIRECTOR: A should be divith the	2	26 SIGNATURE			ATTENDING MED	STAFF C	22c. DATE SIGNED	
OR be r		1.9	Francia	MAZDEGREE	PHYS LL DIRE	CTOR PHYS	3-19-69	7
O HOSPITAL OR ATTENDING Page 4 may be retained by the Coruneral DIRECTOR: After director, page 3 should be should be filed with the State	2:	PHYSICIAN'S R LA	FRA NCHI	1	7729 Fin	Welano La	mle m	d
O HOSPITAL Poge 4 may O FUNEKAL director, pag	20	1000	DATE - 07 (	ant of conferences		TO LOCATION (S)	incomy ! / //	
D HOSPI Page 4 r D FUNER director,	230 B	JRIAL, CREMATION, 23b EMOVAL (Sopuly)		ME OF CEMETERY OR CREMI		23d LOCATION (City or Town)		(State)
2.7		NERAL DIRECTOR		ckville Ce	25g RECD BY R	Rockville.	Montg. Co	Md.
VR ATS (4)			IMPHREY BATH	Wisconsin	AVE MAR 2	6 1969	isula, Puda	e.

MAKILAND STATE DEPARTMENT OF HICALIT



04425	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201	
		CERTIFICATE OF DEATH		04418
	1 Mrddle	Last	20. DATE OF DEATH	2b HOUR
(Type or print)	gar R.	Riffle	March 25	1969 11:05M
3. SEX	4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 MRS.
Male	White	02-02-02	last birthday) 67 YRS	MONTHS DAYS HOURS MIN
7a. 8IRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH	<u> </u>
Kentucky	USA		ince George's	Md
IO. GITY OR TOWN OF DEATH	11. NAME OF HOSP TAL OR INS	TITUT: ON (If not in hospital 120 USUAL	OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
Cheverly	Prince Gerog	e's Gen. Hosp during mas	red Treasurer:	Southern R R
130 USUAL RESIDENCE (Where dete	ased lived. If institution: Residence before	13c CITY OR TOWN 3d INSIDE CITY LAN		
MD STATE	Prince George's	College Pk YES NO	9109 40th Ave	nue
14. FATHER'S NAME First	M ddle Lost	15 MOTHER'S MAIDEN NAME FIRE		Lost
		Lel	and Bennet	t
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY N		Address	
162' kg' 81 niskiowi) (6. 163 84	a sarde co. mouses on Dassascral	"enneth Riffle	College Park	Md
18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), and (c).)	1 157 1		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART I DEATH WAS CAU	SED BY DIATE CAUSE (a) / MUNO C	andist Jula	10/00	¿ ELE · (G)
1538	DUE TO, OR AS A CONSECUENCE OF		00	2 11
Cand trans, if any, which gave	1 101 Dicuo	carcinomo if	Celon	5 money
	DUE TO, OR AS A CONSEQUENCE OF	. 101	0	PK CO.
last	7.4		ckers	9 4 4
PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING TO DEATH BUT NO	DITIRELATED TO THE TERMINAL DISEASE OR COL	NDITION GIVEN IN PART 1(a)	
5 La	elfor Met lis	tun		
S .90. DATE OF OPERATION 19	CONDITION FOR WHICH OPERATION WAS PER			ONSIDERED IN CERTIFYING
		21c HOW INJURY OCCJRRED (Enter r	nature of injury in Part 1 or Port 2,	Item 18)
(If either, natify medical exor	niner) P.M. 19			
≥ 21d. INJURY OCCJRRED   21 While □ Not while □	B. PLACE OF INJURY (AT HOME, FARM, STREET, FACT	[ORY.] 21f. LOCATION Street or R.F.D. No.	City or Town	County State
			***	
22a. I certify that (i) (i	his haspital) attended the decease	ed from $\leq$ / 190 1		that (I) (we) last
causes stated abo	ve, (i) (we) (did) (did not) view the i	pady after death.	ran deam accured an the ac	nerana naur ana train ine
22b SIGNATURE			22c	DATE SIGNED
		DEGREE PHYS DIR	ECTOR PHYS.	
22d. PHYSICIAN S		22e ADDRESS	" -/- P	Charery 14
MARIE (Type)	MARKAN	1600/ 2	suiter ar	central you
				(County) (State)
		coln Crematory	Colmar Manor F	ro Geo Md.
		THE MAN 250 CHAPTY	ZGGRANG69256 REGISTRARS	SIBNATUR
1, yasch,	sous, Ityallsu	ITE WE DATE	(/	U C
	ASEX  Male  7a. SIRTHPLACE (State or foreign country)  Kentucky  10. City Or TOWN OF DEATH  Cheverly  13a. USUAL RES.DENCE (Where dete odmission)  14. FATHER'S NAME  Willi  16a. WAS DECEASED EVER IN U.S. Alyes, no, or unknown)  18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE of Immediate cause (a) storing the underlying couse is to immediate cause (a) storing the underlying couse is to immediate cause (a) storing the underlying couse of the immediate cause (b) storing the underlying couse of the immediate cause (b) storing the underlying couse of the immediate cause (b) storing the underlying couse of the immediate cause (b) storing the underlying couse of the immediate cause (b) storing the underlying couse of the immediate cause (b) storing the underlying couse of the immediate cause (b) storing the underlying couse of the immediate cause (b) storing the underlying couse of the immediate cause (b) storing the underlying couse of the underlying couses of the underlying couse of the underlying couses of the underlying couse (c) storing	1. DECEASED-NAME (Type or print)  Edgar R.  3. SEX  Male  7a. SIRTHPLACE (State or foreign country)  Kentucky  IV. S. A  10. GITY OR TOWN OF DEATH clives greet address?  Cheverly  13b. COUNTY  13c. USUAL RES.DENCE (Where deceased lived, I mistlution: Residence before admission)  STATE  MD  Prince George S  14. FATHER'S NAME  First  Mode  William Riffle  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), part 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)  FART 1 DEATH WAS CAUSED BY UE TO, OR AS A CONSEQUENCE OF CAIR to Immediate cause (a), stoting the underlying couse lost  PART 2 OTHER SHONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO WORK of Which grow as to 1 minediate cause (a), stoting the underlying couse lost  PART 2 OTHER SHONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO WORK of Which grow as to 1 minediate cause (a), stoting the underlying couse lost of one couse per line for (b), (c), and (c), part of one contributing of DEATH BUT NO While grow as to 1 minediate cause (a), stoting the underlying couse lost of minediate cause (b).  PART 2 OTHER SHONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Work of While grow as to the deceased alve on causes stated above, (i) (we) (did) (did not) view the lot work of work	CERTIFICATE OF DEATH   Lost   Lost   Citype or print  Edgar   R.   Riffle	1. DECEASED-HAME (Type or primi) Edgar R. Riffle S. DATE OF BIRTH March 2. S. DATE OF DEATH March 2. S. DATE OF BIRTH March 2. S. DATE OF DOTA 2. DATE OF OFFERATOR 2. DATE OF BIRTH March 2. DATE OF BIRTH March 2. DATE OF BIRTH March 2. S. DATE OF BIRTH March 2. DATE OF BIRT

MAKTLAND STATE DEPAKIMENT OF HEALTH



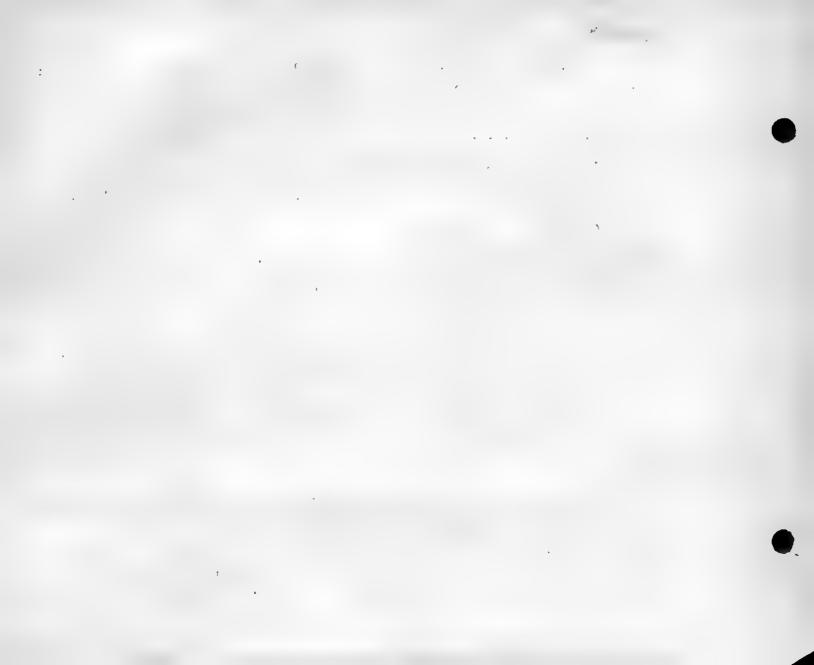
		07.790		IND STATE DEPARTMENT OF		
	Į.	U4440 tems7&8 FilmGk1		S, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IIMOKE, MAKTLAND 21201	04419
ë _ <del>\</del> = ./	1. D	ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	69 2b. HOUR_
deat deat	(	(ype or print) ANN	a $e$ .	Ringgalb	Month Day	Year ( 1/03 M
重	3 SI	X +=	4 RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	F JNDER 1 YEAR   IF UNDER 24 HRS.
Page urs		F	$\omega$	3-6	- / 6 9/ YRS	months out man
hour In by 2 hour	7o cau	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
nin 24 filled 1 papel papel	10 (	Maryland ITY OR TOWN OF DEATH	USA.	WIDOWED DIVORCED	AL OCCUPATION (Kind of work done	12bOMND OF BUSINESS OR
ed within 24 he	L	anham	nd give street address manufice	Larde hursing of	past of warking life, every if retired.)	INDUSTRY
ecuted within 24 hours completely filled in by that are garban papers. Pagy event, within 72 hours	13a <b>ad</b> m	US-AL RES DENCE (Where deceasission) STATE	13b COUNTY Life	1/1/1/	IMTS? 130 STREET AND NUMBER	yorks Dd.
be execution and comments of c	14.	FATHER'S NAME First	Middle Last	is mothers maiden name	. 01.11	Lost
rificate hysician n pleas val, and		WAS DECEASED EVER IN & S ARM	AED FORCES?  FOR or daries of service)  16b SOCIAL SECURI	17 INFORMANT (E	Torry Lendores	. Xich md
D HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tenegal director, page 3 shauld be detached far use as the burial-transit permit. Then please require carban pagers. Pages A and should be filed with the State Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 hours bite; confidence on the state Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 hours bite; confidence on the state Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 hours bite; confidence of the state Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 hours bite; confidence of the state Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 hours bite; confidence of the state Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 hours bite; confidence of the state Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 hours bite; confidence of the state Dept of Health priar to be stated by the state Dept of Health priar to be stated by the stated	-	PART I DEATH WAS CAUSE	y ane cause per line for (a), (b), and D BY ATE CAUSE (a) DUE FO, OR AS A CONSEQUENCE	IUE HEANT FA	ilunc-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the an. by the cransit porcematia		Condit ans, if any, which gave rise to immediate couse (a), stating the underlying couse	(b) DUE TO, OR AS A CONSEQUENCE	Soland-effe	Kesen	
equires 1 physicia signed k burial-tr burial, ci		lost.	(c)			
v requing phymen signatures to bur to bur	25	PART 2 OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
attend attend has be as the firm the prior	TIFICATION	.9a. DATE OF OPERATION 19b.	CONDIT ON FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
PHYSICIAN: The taw rate haspital ar attending this certificate has been etached far use as the Dept of Health priar to	MEDICAL CERT	21a ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT  (If either, natify medical exami	H HOUR A.M Month Doy Ye		er nature of injury in Part 1 or Part 2, I	Item 18)
PHYSI he hasp this cer letache bept			PEACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 23f. LOCATION Street or R.F.D. No.	o City or Tawn	County State
NDING id by the Affer d be d		22a. 1 certify that (I) (the saw the deceased a	is haspital) attended the decer I ve on	osed from	50, ta <u>3-4-</u> , 19 Junian death accurred an the da	67, that (i) (see) last te and have and from the
TOR Haul		causes stated above	e, (I) (a) (did not) view th	ne body after deoth.	22.	DATE S.GNED
OR A Per rei di wij		20.300000000000000000000000000000000000	2001/000 1	DEGREE PHYS	MED STAFF D 3	-4-69
		22d. PHYSIDAN'S NAME (Type) A L B	IRT ROTH	22e. ADDRESS 5-24	Pirerdale	ed al
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fi	230	BUR AL, CREMATION 23b REMOVA! (Special) 3/	DATE 69 ELIST	OF CEMETERY OR EREMATORY	Ce, Le 21 Cle	(County) . ) (Stote)
OM REV	24.	FUNERAL DIRECTOR	i some of falls	DATE NIA	R 1 0 1969 FCC	SIGNATURE Judge



6 1 1	}	DIVISIO			RESTON STREET, BAL		AND 21201		
FOR STATE		04427			S CERTIFICATE		Alle Sievi	04420	3
HEALTH DEPT.	1 D	CEASED NAME Fit		Middle	Lost		20. DATE KNOWN Month	Doy Yeor	2b. HOJR
is is	(1	ype or Print) Doro	t.hsr	Mae	Robe	rt.s	OF ESTI- DEATH MATED 1 3-2	7-69 19	M
de de la companya de	3 51		S DATE OF BIRTH	6 AGE	(In years IF JNDER I YEAR HITHOGY) MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DEAD		2d HOUR
e <b>€ ₹ ₹ ₹ ₹</b>	Fer	nale Negro	1/19/20	lost d	F6 AB2"	HOURS MM.	Month 2,00y	69° 196:L	5pm M
222		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER MA	ARRIEDX 9. COU	NTY OF DEATH		
- S	coun	D.C.	USA			ORCED Pr	ince George's		Md
offer death along with the with the State	10. C	ITY OR TOWN OF DEATH	. 11. NAN	AE OF HOSP!TAL OR IN:	TITUTION (If not in hospito	1 120. USUAL O	CUPATION (Kind of work done	12b. KIND OF BUSI	NESS OR
T 0 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Cheverly	Pri	nce Georg	e Hospital	do	f working life, even if retired)		
along with		USUAL RESIDENCE (Where dece	sed lived, if instituti L136_COUNTY	on Res dence before		3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 19	Allison,	N.W.
hin 24 havrs offer d niner's Office along pages land 2 with the havrs after death		Distr	ct Of Col	umbia lost	lashington Is MOTHER'S MA	YES NO	803 Allison		
havra Item Office I and 2	14. 1	111111111111111111111111111111111111111		LOST			Widdle	Lost	i
hin 24 not in niner's pages haurs	140	James Roberts		6b. SOCIAL SECURITY N	Edith I	Banks	ADDRESS		
nould be executed within 24 haurs after word "pending" in pencil in Item 18. Givi the Chief Medical Examiner's Office along rial-transit permit. File pages Tand 2 withful any event within 72 haurs after death		es, no, or unknown) (if yes giv	a word or dates of service)			D Cloud + la	***	z 17	
with mose Exar	-	no		578-16-059	o   Dernice 1	A. SHLLUI	sister see # 1	APPROXIMATE	INTERVAL
vxecuted v nding" in Medical Ex permit. Fi		18 CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUS	ED BY.		lmonary emp	rvsema		OVC 7	
xer din dedin perr t w		MMED & MMED	IATE CAUSE (a)	S A CONSEQUENCE OF	J on Pa	2,3 000.00		-	725
be exe pendi iief Me ansit pe		Candit ons, if any which gave	)	A	rteriosclero	tic hear	disease	over 2	vrs
vord ' vord ' he Chi ial-trai		rise to immediate cause (a), stating the underlying cause	(U)	S A CONSEQUENCE OF	<u> </u>				V
should be e ne word 'pei 'a the Chief' burial-transit		lost.	) (0)						
This certificate should be executed within icate, writing the word "pending" in pencil be farwarded to the Chief Medical Examines to be used as a burial-transit permit. File page or removal, and in any event within 72 hau		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	G TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CONDITION	N GIVEN IN PART 1(o)		
fica ing rdec as as	-								
is certific te, writing farwarde ie used as removal,	AT 0	190. DATE OF OPERATION		% CONDITION FOR W WAS PERFORMED?	HICH OPERATION			20 AUTOPS	13
his and are, and are for the form of the f	CERTIFICAT ON							YES 🔯	ИОЛ
<del>-</del> - <del>-</del> -	) I	210. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING	21b TIME OF IN	JURY Month, Doy, Year	21c HOW INJURY O	CCURRED (Enter natu	re of injury in Port 1 or Port 2,	Item 18)	
(AMINER: le the certi le 4 shaulo /aur fles. age 3 shau cremation,	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P.M.		ONE POSTTON ST	0.50 h		Č	£1-1-
MIP the 4 sl ur f je 3	2	21d INJURY OCCURRED 21e WHILE NOT WHILE AT WORK AT WORK	PLACE OF INJURY (At actory, office building,	etc.)	21f LOCATION Street	TOTKID NO	City of Town	County	Stote
bical Examiner: se execute the certi- ctar. Page 4 shauld ned for your fles. ECTOR: Page 3 shaul				7 1 1	11 111 11	E v I	- FF 1		
DICAL E blease execu director. Pag eta ned far DIRECTOR: far ar ta burial,				1.4	d obove, held an Aut		spection 🗷 , Inquiry [	made and	ny apinian
please ex director. estained DIRECTOR		deoth resulted from	Nertural couse	Accident	A, Suicide ,			ŲŽI,	
Try y, plea eral dira tal bile priar t		ACTUAL	( Late-	/1X		HEF MEDICAL EXAMIN SISTANT MEDICAL EX <i>I</i>		SIGNED	
JTY JTY, erral be Pril		SIGNATURE	77.10			DUTY MEDICAL EXAM	WINEK	-28-69	
O DEPUTY necessory, p the funeral 5 may be in 0 FUNERAL Health prior		EXAMINER'S NAME (Type) John	Kehoe MD	Riverdal	191 - AD	DRESS(Street, c'ty, to			
O FUNE Health	230	BUR AL, CREMATION, 23			EMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County) '4. (S	lote)
jon jun	I	REMOVAL(Specify)	1/3/69			B	elleville, Vir	ginia	
	/24	FUNERAL DIRECTOR L	1	820 9th	6. N.W.	2So REC D BY RE	GISTRAR 2Sb., REGISTRAR S		2 :
VR A15ME (5) 1DM REV 1768	K	o seed of	Munis	Washingto	n, D.C.	DAAPR	3 1969 July		-
			7						



	ina	DIVISION OF V			ESTON STREET, BAL		YLAND 2120	1	
84	428				TE OF DEATH	, , , , , , , , , , , , , , , , , , , ,		044	22
1 DECEASED- (Type or p			Middle L.	1	lost Robinson	20. DATE OF D	Manth	Doy 1969	26 HOUR 7:45PN
3 SEX M	ale	4. RACE Neg	ro		. DATE OF BIRTH 6/3/1934		6. AGE (in years lost birthday) 34		#E JNDER 24 HRS HOURS MIN
Durh	am, N. C.	76. CITIZEN OF WHA			NEVER MARRIED   BEP DIVORCED	9 COUNTY OF C	_		Md
Glen	OWN OF DEATH	give str	ME OF HOSPITAL OR INSteet address)	ospita]	during n	JAL OCCUPATION ( nast of working li	Kind of work do fe, even if retire **	one 12b. KIND OF INDUSTRY	BUSINESS OR
/ admission)	1	194 COUNTY		Wash.	D. C.YES X	1018	E. Cap	pitol St.	, N. E.
14. FATHER'S	NAME First  Grover	Middle —	Robinson		MOTHER'S MAIDEN NAME Ve	first ertie	Middle	Sto	lost <b>kes</b>
	CEASED EVER IN U.S. ARME Linknown) (It yes give wo	andam dam of	66 SOCIAL SECURITY N	0 17 INI	ORMANT Decede	ent	Addres	55	
Condition	JSE OF DEATH (Enter only RT I DEATH WAS CAUSED IMMEDIAT ons, if any, which gave	BY E CAUSE (a) Bro	for (o). (b). ond (c).) nchopneum A CONSEQUENCE OF emia	onia, l	ilateral, a	nd pulmo	nary ed	DETT, COL. 3	
stating last.	mmediate cause (a), the underlying couse	due to, or as (c) Ma	A CONSEQUENCE OF lignant n					mont	ths
Ch.	other significant cond conic cystit	is, urin	ary bladd	er					
/ Siling			H OPERATION WAS PER		200 AUTOPSY? YES TO NO	CAUSES C	Yes	GS CONSIDERED IN C	ERTIFYING
☐ (If eithe	CIDENT WAS UNDERLYING NTR BUTINGCAUSE OF DEATH r, notify medicol exomine	HOUR A.M. P.M.	Manth Day Year 19		INJURY OCCURRED (Ente		in Part 1 or Par	1 2, Item 18)	
While at work	_ nt work _				TION Street or RFD No		Tawn	Caunty	State
[`	certify that (this aw the deceased alrauses stated above);	hospital) atten ve an 3 (d) (we) (did) (d	ded the decease 19 19 19 19 19 19 19 19 19 19 19 19 19	d fram 69, and ady after de	8/12/ , 19.6 that in <b>(acs)</b> (aur) ap ath.	58 , ta Inian death ac	3/10/, curred on the	19 <u>69</u> , that e date and haur	(We) last and fram the
22b SIG	u	in Me	m	DEGREE	PHYS LJ [		STAFF PHYS	22c. DATE SIGNED 3/10/69	
N/		Veiss, M.				nn Dale F			
	le (Spec fy) 3-	17-69	23c NAME OF C		INGIAL PAR	CONTRACTOR OF THE PARTY OF THE	Der	(County)	7 (State)
24. FUNERAL	DIRECTOR	1000	ADDRESS	37 1	250 RICIDA MARI	RY REGISTRATE 196	256 REGISTR	ARS SIGNATURE	Ke 7.



FOR STATE		04429 DIVISION OF	F VITAL RECORDS, 301 W MEDICAL EXAMIN				AND 21201	04423
HEALTH DEPT.		CEASED NAME First	M.ddle	THE S CEN	Lost	DEATH	20. DATE KNOWN MO	onth Dov Yeor 2b. HQUR
	(	rpe or Print) Mar:	ie Gertru	ide	Royce		OF ESTI- DEATH MATED	3 28 196 <b>9</b> 7
> m D	3 5		DATE OF BIRTH 6	AGE ( n years	IF UNDER I YEAR	IF UNDER 24 HRS	2c. OATE PRONOUNCED GEA	O 2d HOUR
2. ond 3 2. ond 3 2. ond 3 PM3. Po		FW	16 Oct., 1903	65 YRS	MONTHS DAYS	HOURS MIN.	Month 3 Doy	28 Year 19 619 p M
1		RTHPLACE (State or foreign 7b. C	ITIZEN OF WHAT COUNTRY?	7	IEO NEVER MARRIE	D 9 COU	NTY OF DEATH	
form form	COR	Ashington DC	USA	WIDOW	/ED 🚾 DIVORCE	0   P	cince George	Mc
Sta Sta	10. (	TY OR TOWN OF DEATH	11 NAME OF HOSP TAL OF give street oddress)	R INSTITUTION (I		120 USUAL OC	cince George CUPATION (Kind of work de	one 12b KIND OF BUSINESS OR INDUSTRY
24 hours after death in Item 18 Give Pages 1, r's Office along with farm es Tand 2 with the State Dears offer death.		Cheverly Stal RESIDENCE (Where deceosed in	Prince	George	Hosp		working ife even if cerre	rd.) IRDUSTRY
4 hours after Hem 18 Giv Office along Tand 2 with 1 offer death.	130	LSUAL RESIDENCE (Where deceosed In mission) STATE	ived if institution Residence bef	ore 13c. CITY Of	R TOWN 13d IN	SIDE CITY LIMITS?	13e. STREET AND NUMBER	
118 ce	<u>_</u>	mission) STATE Md	3b (OUNTY Prince Geo	rre St	Pleasant	STEL NO L	90 <b>0</b> Waln	
hot Office Office of the	14.1	THER S NAME First William		gers	5. MOTHER 5 MAIDEN		M:ddle	Lost
hin 24 hours after death only de nati in Item 18 Give Pages 1, 2:-and anner's Office along with farm PM3 pages 1 and 2 with the State Departments ofter death.	Ida	AS DECEASED EVER IN U.S. ARMED FORCE			INFORMANT	UIIK	nown ADDRESS	
This certificate should be executed within cote, writing the word "pending" in pencil be forwarded to the Chief Medical-Extragne be used as a buriol-transit permit. File pagar, removal, and in any event within 22 hours		s, no, of unknown) (If yes give war or				layhew		t Seat Pleasant
P. a. K.		1B. CAUSE OF DEATH (Enter only on	e couse per line for (o), (b), and	(c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
with		1B. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE C	: AUSE (a)	Hea	art failu	re		Hin.
exe endi Me it pe		4/25	DUE TO, OR AS A CONSEQUENCE	OF				
be hield		Conditions, if only, which gove a rise to immediate couse (a),	(b)		rterioscle	erotic l	neart diseas	e over 2 da s
vord word he ( he ( only		stoling the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF				
sh to the		iast )	(c)					
This certificate should be executed wit ficate, writing the word "pending" in pe be forwarded to the Chief Medical Examid be used as a buriol-transit permit. File or removal, and in ony event within 12.	2	PART 2, OTHER SIGNIFICANT (ONDITION	IS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL CISEA	SE OR CONDITIO	N GIVEN IN PART 1(0)	
writ writ rwa rwa rsed	CERTIFICAT.ON	190 DATE OF OPERATION	19b. CONDITION FO		ATION			20. AUTOPSY?
his of the page of	MIE		WAS PERFORM					YES NO 🔯
변유 공인	MEDICAL CE	210. EXTERNÁL CAUSE WÁS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, 1 HOUR A.M. P.M.	Yeor 21c.	. HOW INJURY OCCUR	RED (Enter notur	e of injury in Port 1 or Port	t 2, Item 18.)
	eg.	21d INJURY OCCURRED 21e PLACI	OF th LRY (At home, form, street	et, 21f	LOCATION Street or R	FD No	City or Town	County State
DEPUTY  Cessory, please execute the certifie funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should collth aprior to burial, cremotion,		AT WORK AT WORK	office building, etc.)					
AL Executive Formal Polymers (OR: Jurial)		-	charge of the remains descr				pection 🔀, Inquir	
please e l' director retained L' DIRECT		death resulted fram: N	lateral causes & Accid	ient,	-	,	_	ner [_]
JIY Blose erol director be retained RAL DIREC		ACTUAL	V. He for	1		MEDICAL EXAMINE		DATE SIGNED
ITY, ieroli be be RAI		SIGNATURE	Wy / wy	-	DEPUTY	NT MED CAL EXAM MED CAL EXAM		8-69
TO DEPUTY SICA necessary, please extine funeral director. 5 may be retained for FUNERAL DIRECTO Health prior to bur			n Kehoe, M.D.,		ale ADDRES	S(Street, city, tox	vn, or county)	
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230	BUR AL CREMATION, 236 DAT		of cemetery o	In Cemete	ry	OCATION (City or Town) Bladensburg	(County) (State) Maryland
VE ATSME (S)		UNERAL ORECTOROBERT E.			250	APR BY REG	ISTRABGO 256 REGISTR	ARS SIGNATURE
10M REV. 1 68		The state of the s			104		1 1/4	

MARYLAND STATE DEPARTMENT OF HEALTH



- 1	- +	MAKTLAND STATE DEPAKT		
	04430	N OF VITAL RECORDS, 301 W. PRESTON S CERTIFICATE OF		04424
r deoth.	1 DECEASED-NAME First (Type or print) Nellie	Gertrude SANGI	ER. 20 DATE OF DEATH Month 20	25 HOUR 2:10a M
100			-12-1892 6. AGE (In years lost birthday) 76 YRS.	FUNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
/2 hou	country	OF WHAT COUNTRY?  S.A.  B MARRIED   NEVER M WIDOWED   DIV	ARRIED 9 COUNTY OF DEATH ORCED Prince George	Md
t	io city or town of death Hyattsville	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Hyattsville Nursing Hom	e 120. USUAL OCCUPATION (Kind at wark done during most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY Treasury Dept
e ve	odmission) STATE Maryland 136 (0)	Institution Residence before 13c. CITY OR TOWN	e YES NO 401 Green 1 200	n Dr.
1	Ouimby	Courtney	Octavie middle	Welch
oval, ov	16g. WAS DECEASED EVER IN S ARMED FORCES? YOUNG, OF UNKNOWN) (1 yes give wor or dates of set	578-05-3406D Harr	y J. Sanger 11512 Seven	
Health prior to burial, cremation, or removal,	Conditions, if any, which gave inse to immediate cause (a), stating the underlying cause DUE To last  PART 2 OTHER SIGNIFICANT CONDITIONS CO.	Der me for (o), (b), and (c))  CLYTERIOSCIEVOTIC  D, OR AS A CONSEQUENCE OF  C)  OTHERING TO DEATH BUT NOT RELATED TO THE TERMIN	Potomac, Md.  neart disease  Na. Disease Or CONDITION GIVEN IN PART I(0)	APPROXIMATE INTERVAL BETWEEN ONSTE AND DEATH
*	THE COLUMN TO TH	OR WHICH OPERATION WAS PERFORMED 200. AU YES [	NO CAUSES OF DEATH?	_
01110	G CONTRIBUTING CAUSE OF DEATH HOUR	P.M. Month Day Year	OCCURRED (Enter nature of injury in Port 1 or Port 2,	
	While Not while of work of work	JURY (AT HOME, FARM, STREET, FACTORY) 214 LOCATION STR	1 00	County State
should be filed with the State Dept. of	causes stated above, (1) (we)	did not) view the bady after death.	my) (out) apinian death accurred an the de	that (I) (we) last are and hour and from the
iled with	226 SHOMATURE A MANUAL A MANUA	m.D. DEGREE PHYS	DING MED. DIRECTOR PHYS	DATE SIGNED 69.
uld be f	22d PHYSICIAN S NAME (Type) W. Miam		216 NHanNE -	DC 20011
Co	230 BURIA. (REMATION, REMATION, REMATION, PROPERTY) 3-24-6	9 Fort Lincoln		(Caunty) (State)
15	Francis J. Collins §	OO University Blvd. W.	250. REC'D BY REGISTRAR 256. REGISTRAR 24 1969	S GNATURE

h & 2

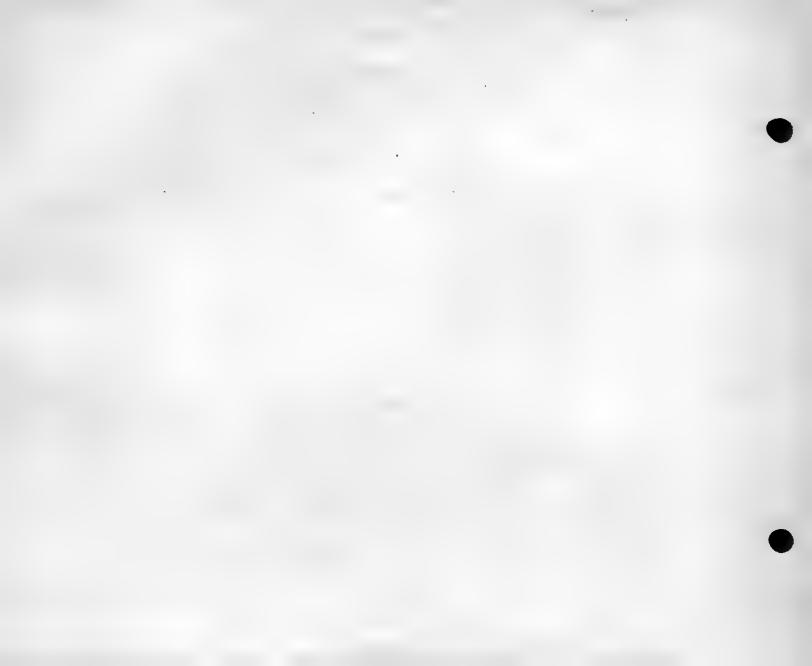
-	and the second	MARILA		OI HEALIH	
1 The same of the	07.7.24	DIVISION OF VITAL RECORDS	S, 301 W. PRESION SIREEL,	BALTIMORE, MARYLAND 21201	0.1.0
	104401		CERTIFICATE OF DEA	TH	04425
. ~ .	1. DECEASED NAME	First Middle	a Lost	20. DATE OF DEATH	2b. HOUR A
rr death. uneral i' and 2 er death.	(Tupe or pont)		0	/ Month Day	Tear
de de de de	T. T.	naucle	Laurer	march 2	69 9:12 M
	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF JUNGER 24 HRS.
\$ \frac{2}{2} \frac{1}{2}	F	W	4-30-	last birthday) YRS	MONTHS CAYS HOURS MIN
by the	7o. BIRTHPLACE (State or fareign.	7b. CITIZEN OF WHAT COUNTRY?	T.		
haurs after death by the funeral is tages if and it	country)		8. MARRIED MEVER MARRIED	10	
24 red poper	newyork	usa	WIDOWED DIVORCED	1 Mines Herre	Md.
filled filled thin 7	10 CITY OR TOWN GE DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in haspital 12a	USJA, OCCUPATION (Kind of work Jane	12b, KIND OF BUSINESS OR
Mary Land	do the m	give syeet address).	ll. a dur	ing most of working life, of en if retired)	INDUSTRY / _ /
e death certificate be executed within 24 attending physician and campletely filled fermit. Then please remove carbon pape an, ar remayal, and in any event, within 72	( senen 11)	a properties.	Jarden	sait claim	Rexine-6
	admission) STATE (where a	ceased ved, if institution Residence before	e 13c CITY OR TOWN 13d INSID	DE CITY LIM TS? 136 STREET AND NUMBER	1 11 12-
5 8884 /	- Wash D	V	was for YES	1 NO 2380 ad	Hope RIXZ
w mo	14 FATHER'S NAME // First	Middle // Last	IS MOTHER'S MAIDEN, N	AME First Modelle	Lost
and Tro	13 -1				12:0
o p	Jen Jen	ald sour	u Aa	uan	Dishap
ar a	16a. WAS DECEASED EVER IN U.S. Yes, no., or unknown)   111 yes	ARMED FORCES? 16b. SOCIAL SECURIT	Y NO 17 INFORMANT	Address	_ ` (/
hys dip	70	578-32	-3748 - Esthe	who heldender	Ziner
p p	18 CAUSE OF DEATH (For	er anly one cause per line for (a), (b), and	4)		APPROXIMATE INTERVAL
- E E	PART I. DEATH WAS CO	AUSED BY:	# P D D	110000	BETWEEN ONSET AND GEATH
ar it are	PART I. DEATH WAS CA	AEDIATE CAUSE (a)	FIF-UIFIC	TKIE SI	
art, and	4/09	DUE TO, OR AS A CONSEQUENCE (	)F	-	
the the ssit is	Conditions, if any, which g	ave) (5) Proc	CONARY 03	OLUSION!	
The second	nse ta immediate cause	u),(			
4 10 4 21 2	stating the underlying ca	use Dor 10, ok as a consequence of	propretty	TO CARDIOUPSON	1,000
sic /sic /sic /sic /sic /sic /sic /sic /	last	) (c) / -/	2,63.6.6.6		
requires that the death certificate be executed physician.  signal by the atternaing physician and cample burial-transit mermit. Then please remove can burial, cremation, ar remayal, and in any even	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D.SEAS	SE OR CONDITION GIVEN IN PART A(6)	F 3 *
IAN: The law requires that the death certificate be executed within 24 in all an attending physician.  It is that been signed by the attending physician and completely filled by for use as the buring-transit mermit. Then please remove carban papels the all the prince to burial, crematian, ar remayal, and in any event, within 72%.	_	( - 1)1101V	H MILL	ASTALIA	
ar th	19a. DATE OF OPERATION	195 COND TION FOR WHICH OPERATION WAS	PERFORMED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
Page Hear	2			CALISES OF DEATHS	
두 5 년 8 표 🗸				NO CAUSES OF DEATHS	
are are			21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	Item 18.)
名音語音	Tar CONTRIBUTING CAUSE Of CHIEFER		19		
PHYSICIA The haspital his certific stached for Dept. of H	21d INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC		D No. City or Town	County State
Par Single	While Not while at work of work	OFFICE BUILDING, ETC	1	27) 41 7047	, , , , , , , , , , , , , , , , , , , ,
R ATTENDING PHYSICIAN: The law requires the retained III y the haspital ar attending physician. BECTOR: After this certificate hall belies signal by 3 should be detached for use as the burial-frow with the State Dept. of Health priar to burial, and					
TENDING ined My th PR: After i sould be do	22a. I certify that (I)	(this haspital) attended the deced	used from	19 47 10 -2 -, 19.	that (I) (we) last
N P A P P	saw the decease	d alive an	and that in (my) (au) رسيد الا	r) apinion death accurred on the do	ite and hour and fram the
# # # B # # # # # # # # # # # # # # # #	causes stated at	page, (I) (we) (did) (did nat) view th	e bady/atter death.		
▼ 報 5 名意	22b. SIGNATURE	1.1.0.11	MACO ATTENDING -	22(,	DATE SIGNED
d 3 ≡ 8 y	/ /	The state of the state of	DEGREE PHYS	DIRECTOR D STAFF D	3/- 1, 7
	22d. PHYSICIAN'S	h - 16	22e. ADDRESS	d	No.
Pe Sall	NAME (Type)	MILPED B.	12:2001	11, 121-111	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law repage 4 may be retained by the haspital ar attending TO FUNITAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to			1 18 1 1 = 1 1 1 1 1 1		
HO Figure	23g BUR AL, CREMATION,	23b DATE 23c. NAME (	OF CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
5g 0 g 2	REMOVA (Specify) Baria I	Mar. 5-69 Fort	Lincoln Cemet	ery - Bladensbur	g, Maryland
	24 EHRERAL DIRECTOR	ADDRE ADDRE	SS Wash 2504	PER BY RESSTRANCE 256 RESIDENT	SIGNATURE
VR A15 A	Simmons Bros	.1661-Gd . Hope E	d. SE. DC. DATE	0 1303	The state of the s
108			DAIL		L7 ×



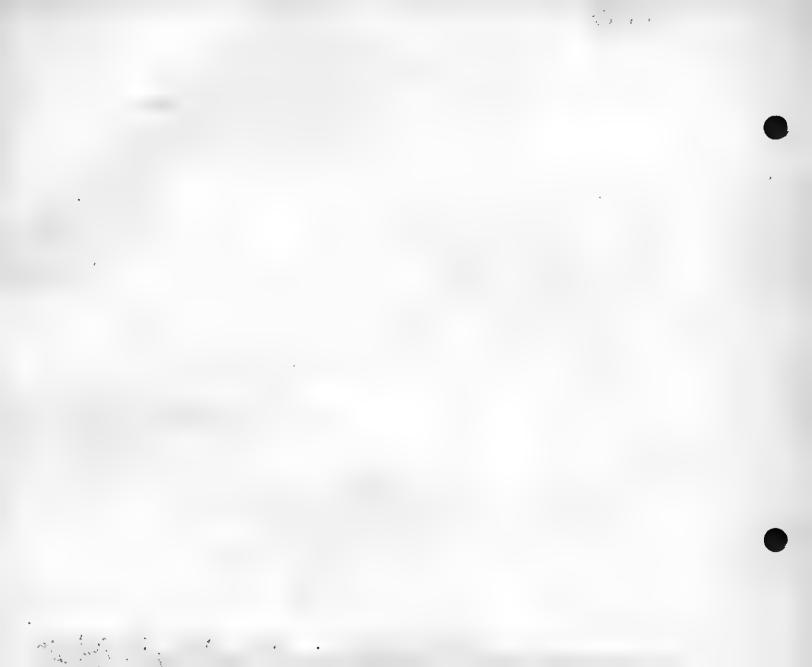
of the same	1	04432	DIVISION O			ON STREET, BALTIM		1201		
	Ιt	em5 FilmG410				OF DEATH			4426	
death.	(	(CEASED-NAME Fire		Middle E. Sch	attman		2a. DATE OF DEATH 3/10/69 Month	Day	Year	2b. HOUR A 4:45 M
y the wire diese	3 \$	X Male	4 RACEWhi	te	5/1/	划//小//////////////////////////////////	6 AGE ( n last/by/h	years IF I day) , MOH		F UNDER 24 HRS HOURS MIN
mpletely filled in by the carbon papers. Powerent, within 72 haurs	7o. cou	BIRTHPLACE (State or foreign itry) NEW YORK	7b. CITIZEN OF V	SA	8 MARRIED 1 NE	VER MARR ED	county of DEATH Prince Geor	ge's C	ounty	Md.
within 24 sely filled bon pape within 77		Cheverly	gıv H	NAME OF HOSPITAL OR IN e street gddress) Pr ospital	STITUTION (If not in h ince Geor	ge's during most	OCCUPATION (Kind of wi of working life, even if		2b. KIND OF BUINDUSTRY	ISINESS OR
executed withing completely for completely for completely for carbon any event, with	13a odm	USUAL RESIDENCE (Where dece	ased lived if instit	utian Residence befare	13c CITY OR TOWN	eatorYES NO			Blvd	
and control in our co		ATHER'S NAME First	Middle	120,	- 1	HER'S MAIDEN NAME First		Middle		Lost
icten of integration	-	WAS DECEASED EVER IN U.S. AL	TTMAN	16b SOCIAL SECURITY		ARRIETT W	IOLF	W.		
physic avol. a			war or dates of service)	TOD SOCIAL SECONTY		ARD SCHATTM		Address	TERR.	5.5.44
5 5± E		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		line for (a), (b), and (c)	.)	orche	2		APPROXIMAL BETWEEN ONSE	TE INTERVAL
t the deatl the ottendi sit permit. nation, or r		Conditions, if any, which gove	1	AS A CONSEQUENCE OF	in Card	" - 1/an	1. 20 No.		82 m	-
equires thot thy physician. signed by the buriol-transit buriol, creman		rise to immediate cause (a) stating the underlying cause lost.		AS A CONSEQUENCE OF	The Land	- 00°	cura on		Jeans	
equires physicio signed   buriol-tr		PART 2 OTHER SIGNIFICANT CO		JTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(	α)		
te low re trending os been os the l priar ta	공	aut chi	lay st.	the E C		uous we				
The lo affence hos buse os the price of the	CERTIFICATION	3/1/65 1	Expteres	HICH OPERATION WAS PI	ioce	On. AUTOPSY?  YES NO MO	206 IF YES, WERE F CAUSES OF DEATH?			AFYING
YSICIAN: ospital or certificate hed for u	MEDICAL CE	216 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A.M.	. Month Day Year		IURY OCCURRED (Enter no	ature of injury in Part 1 i	or Part 2, Item	18 )	
PHYS the hos this ce detoche e Dept.	W	at work at wark				N Street or R.F.D Na.	City or Town		ounty	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health priar to buriol, creating the prior to buriol, creating the prior to buriol, creating the state Dept.		22a. I certify that (1) (t saw the acceased causes stated above	his haspital) at alive on 2	tended the deceas	ed fram 2/ 1965, and tha	1975 t in (my) (aur) apınic	_, ta <u>3/10</u> an death occurred a	, 19 <u>_7, 4</u> n the date o	that (ind hour an	) (we) last ad fram the
OR ATT RECTOI 3 shoot d with d		226 SIGNATURE	0		F1 A	ATTENDING MED.	CTOR D STAFF D	22c DATE	SIGNED	<del></del>
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d PHYSIC ANS NAME (Type) SAU		ARTZBACI	1	106 - IRVIN		U IJA	ISH D	<i>C</i>
HOS nge 4 FUNI recto	230		DATE	23c NAME OF	CEMETERY OR CREMA	NTORY 2	3d LOCATION (C ty or To	IW1) ((	(aunty)	(State)
07 07 ±2.	24	REMOVAL (Spec fy) BURIAL FUNERAL DIRECTOR	3-12-	69 KINE 2		MORIAL GAR		- U1	URCH	VA
VR A15 (4) 45M 1/69	B	ERNARD DANZA	NSKY ods			250 PICA BY R	3 1969 25b RE	GISTRAR'S-SIGI	MUKE	ide

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WI ABID 6: FATE DED A 13. TBUEDIT DE LIP B.



1 /		04433		S, 301 W. PRESTON STREET, BA		
	T:	emll FilmG411 1	1/11/69 kk	CERTIFICATE OF DEATH		04427
and 2 death.		CEASED-NAME First (Ype or print) PO	Middle M. M.	Lost SCHIRMAN	20 DATE OF DEATH Month 30 DOY	25 HOUR 0854 M
haurs after	3. SI	X FEMALE	CAUCAS I AN	S. DATE OF BIRTH 7 AUG 35	6. AGE (In years	AF JNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
	70 cou	BIRTHPLACE (State or foreign TRENN .	75. CITIZEN OF WHAT COUNTRY?	B. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH PRINCE GEORGES COU	JNTY Md
) *		ITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OF E BASE GIVE STREET COLOR G	NOTITUTION (If not in hospitol ROW USAF HOSP	SUAL OCCUPATION (Kind of work done I most of work no l'fe, even if retired) HOUSEW I FE	126 KIND OF BUSINESS OR INDUSTRY
,	130	USUAL RESIDENCE (Where deceos ission) SMD.	ed lived, if institution, Residence before IPROPHICE GEORGES	re 13c CITY OR TOWN 13d INSIDE C		
	14. 1	ATHER'S NAME JOHN E	OWARD Obloy	IS. MOTHER'S MAIDEN NAM	E First Middle MARY D Tylka	Lost
		WAS DECEASED EVER IN U.S. ARM es, NO unknown) 1,4 yes give w	AED FORCES? 16b. SOCIAL SECURI		N, NAVAL AIR STATIO	MEMPHIS
should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event within 72	N	Conditions if any, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE  (b) CEREBRAL  DUE TO, OR AS A CONSEQUENCE  (c) RHUMATIC	of EMBOLUS OF	FRAL INSUFF, ARTRIAL F. DR.CONDIT ON GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH  15 MIN  15 MIN  18 10 YRS
1	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS	YES X NO		
	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Month Doy Yo	eor 19	nter nature of injury in Port 1 or Port 2, lit	am 18.)
	ME	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY ) 21f LOCATION Street or R.F.D		County State
		220 I certify that (1) (the sow the deceased a causes stated above	is hospitol) attended the dece live on 30 Mar 1969 ,, (1) (%e) (did) (dydygyt) view t	osed from <u>3 March</u> , 19 19, and that in (My) (aur) one bady after death.	p69, to30_Mar, 19 lapinion deoth occurred on the dat	o9_, that (t) (we) lost e and hour and from the
		226. SIGNATURE	2 K Fal	DEGREE PHYS X	MED STAFF 22c DI	ATE SIGNED
ar, pa		22d. PHYSICIAN S NAME (Type) LEON			GROW USAF HOSP ANDR	EWS_AFB
S. S			il 2, 1969 Ft	of CEMETERY OR CREMATORY  Lincoln Cemetery	Colmar Manor Pro	(County) (State) Geo Md.
15 14 8	24	FUNERAL DIRECTOR F. Gas	ch's cons Hya t	tsville, Md. 250. REC	R 3 1969 25b PEGSRAR'S S	as Judge.



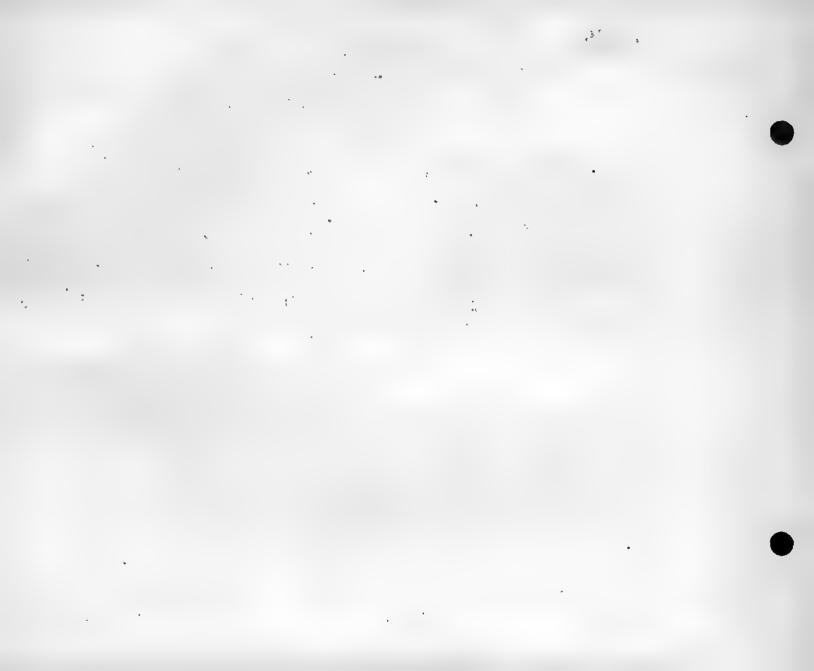
ents,		04434	DIVISION OF		W. PRESTON STREET, BAL	MCALIM TIMORE, MARYLAND 21201	
•	L				TIFICATE OF DEATH		04428
death.	(		ENEY	Middle	Scott	20 DATE OF DEATH MARCH Month 8	Day 1969 Year 945 A M
rs arrer	3 \$1	Male	4 RACE	White	S. DATE OF BIRTH	[873 6 AGE (In years last bethday)	IF LINDER YEAR IF LINDER 24 HRS MONTHS DAYS HOURS MIN
27 HOURS	COUI	BIRTHPLACE (State or foreign http://	76 CITIZEN OF WI	S.A. W	NARRIED   NEVER MARRIED   DOWED   DIVORCED	9 COUNTY OF DEATH RINCE SE	o Pass · Md.
1	W.	INTSUITE	aind			JAL OCCUPATION (Kind of work doing nost of working life, even if retired	
event, within 72	13a adm	USUAL RESIDENCE (Where dece ssion) STATE MARY AA	osed lived, if institut	acres dence before 13c	CITY OF JOWN 13d INSIDE CITY	LIM TS7 130 STREET AND NUMBER	Rosby Rond
ond in ony event, within 72	14, 1	ATHERS NAME First	Middle B.	Scott.	15 MOTHERS MALDEN NAME	First Middle	Lost
Val, val		WAS DECEASED EVER N U.S. A es, no or unknown) (If yes give	RMED FORCES? a war or dates of service)	166 SOCIAL SECURITY NO 578-10-554	117 INFORMANT (1)	Parto d Out Orn	sby P. S.S. Md.
burial, cremation, or remaval,		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEI	anly one cause per l' SED BY DIATE CAUSE (a)	ne far (a), (b), and (c))	nost		APPPOXIMATE INTERVAL BETWEEN DISET AND DEATH
nation,		Conditions, if any, which gavirise to immediate cause [0]	(b)	AS A CONSEQUENCE OF	The least desi	eose ond	20 years
		storing the underlying cous	DUE TO, OR A	IS A CONSEQUENCE OF		te sistenbone	6 months
	NO	Unresolo	ed preu	nois. Re	LATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
· /	CERTIFICATION			ICH OPERATION WAS PERFOR	YES NO [	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
2	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBLTING CAUSE OF DI (If either, notify medical exor	HOUR A.M.	Manth Day Year 19		er nature of injury in Port 1 or Port	2, Item 18.)
1	П	at wark at wark			21f LOCATION Street or R.F.D. No.		County State
		220. I certify that (I) saw the deceased causes stated above	this hospital) ofte alive on ve_(1) (we)(aid)	ended the deceosed from 19 6 (did not) view the body	ng, and that in (my) come op	inion death occurred on the	19 <u>69</u> , that (1) (we) lost dote and hour and from the
should be filed with the Stote Dept. of Health prior to		22b SIGNATURE	ng go		ATTENDING	MED STAFF 2	2c DATE SIGNED 3 8 16 9
1		22d. PHYSICIAN'S NAME (Type) Mel		d or, 10	22e. ADDRESS 2121	Penna, Me N.	W O.C. 20037
		REMOVAL (Spec fy)			ill Cz etery	23d LOCATION (City or Town)	(County) (State)
S PA			ilen Carie hrey, 1 c	C 177 DE2 371	Tue. S.S. PECD PAR MA	R 1 2 1969 FEGISTRA	er's signature



1 1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	T+.	pms#7a, b. FilmG411 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04429
HEALTH DEPT.	1 D	ECEASED NAME First Middle Lost 20. DATE KNOWN Month	Day Year 25 HOUR
S 0 S	- (	Type or Print)  Perry  F  Scott  OF  ESTI- DEATH MATED St 3-20	
A	3 5	EX 4 RACE S. DATE OF BIRTH 6 AGE (In years ) IF JHOER 1 YEAR (IF LINGER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
a de la companya de l	]	Male Negro 6-17-1871 97 YRS DAYS MIM. Month 2009	69 1911:05amm
Dep 2.2		BIRTHPLACE (State or foreign 7th CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 4. COUNTY OF DEATH	
e Poges L	cour	Va. USA   Whomen to prove George's	Md
te certificate, writing the word "pending" in pencil in Item 18. Give Pages should be farwarded to the Chief Medica! Examiner's Office along with for files 3 should be used as a burial-transit permit. File pages Land 2 with the State lation, or remaval, and in any event within 72 haurs after death.	10 0		12b KIND OF BUSINESS OR INDUSTRY
		Cheverly Prince George Hospital	10003161
olong with: death.	13o.	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (ITY OR TOWN 13d MISIOE CTY LIMITS? 13e STREET AND NUMBER drinks on 13th County George's Highland Park 15th NO 1103 69th Plant	
d2 v		There's NAME / Frst Middle Lost Is, MOTHER'S MAIDEN NAME First Middle	
land2 after d	14 7	11. A GALLER	Lost
pages	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO ] 17. INFORMANT ADDRESS!	
	()	(es, no, or unknown) (Hyes give war or dates al service) May 2 - Mill Inchar - 1353- high	Alianis NIL
urial-transit permit. File in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROX MATE INTEVAL BETWEEN ONSET AND GEATH
m with		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple pulmonary emboli	BUILTY ONSET RAO OLATE
t permit.		DUE TO, OR AS A CONSEQUENCE OF	
burial-transit I in any ever		Conditions, if any, which gove (b) and right lower lobe pneumonia	
al-tr any	F	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
remaval, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
nsea as maval, a	NOT	190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
re mo	CERTIFICATION	WAS PERFORMED?	YES X NO
ö	GR.	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, th	
burial, cremation, ar	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
	¥	21d INJURY OCCURRED 21e, PLACE OF INJURY (At hame, form, street, grant of the process of the pro	County State
;		AT WORK AT WORK	
		22a   certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 🕱, Inquiry 🗌	3
		death resulted fram Natyra causes 🔼 , Acadent 🗌 , Suicide 🗍 , Hamicide 🗍 , Undetermined manner	
or to	١.	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MED	
ealth prior to		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220, DATE	
		EXAMINER'S John Kehoe MD Riverdale, Md. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city town, or county)	22-69
Health	230	BURIAL CREMATION, 236 DATE 23c, NAME OF CEMETERY OR CREMATORY 23d OCATION (City of Jown)	(County) (State)
	(	REMOVAL (Specify) 8-29-69-Harmond Wheners Phunce Coard	O. County sent
17.	24	FUNERAL DIRECTOR 250 REGISTRAR 256 REGISTRAR 256 REGISTRAR	GNATURE
E (\$) /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Q	rount Cambon of Holes Strangare APR 1 1969 giller	les justes
	1 40		U U



			MARYLAND STATE DEPARTMENT OF HEALTH	
*		04436	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	04430
	1. DE	CEASED-NAME First	Middle SCOVITC Lasty 2a. DATE OF DEATH	2b, HOUR
and	(T	pe or print) ELEA	Manth Da	
offer of safer of saf	3. SE		4. RACE S. DATE OF BIRTH  6. AGE (In yours last birthday)  Warch 17, 19\$7  52  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
haurs in by ers. Po	7o B	IRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH  WIDOWED DIVORCED	4 . 4 . 4 . 44
and completely filled remays carbon paper on any event, within 7.	10. Ci	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give give give give give give give give	1728 KIND OF BUSINESS OR INDUSTRY
mpletel wind wind wind went went went w		La caracteria	ad lived, if institut on Residence before 13c, CITY OR TOWN 13d, INSIGE CITY LIMITS? 13e STREET AND NUMBER 13b, COUNTY	tta Kl
and co	14. F	ATHER'S NAME First	Middle Lost Is MOZHER'S MAIDEN NAME First Middle	lost
ificate by ysician please of, and i		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address or or dories of service)	1 ml
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death his certificate has been signed by the attending physician and completely filled in by the face stacked for use as the burial-transit permit. Then please remays corban papers. Pages and Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death		PART I. DEATH WAS CAUSED	DUE TO, OR ALA CONSEQUENCE OF  (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
iires tha iysician. ined by rial-tran		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by je 3 shauld be detached for use as the burial-tranged with the State Dept. of Health priar ta burial, tre	NOIL		CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
: The I in after le has use as use as afth pri	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	YES NO CAUSES OF DEATH?	
SICIAN: The law rec spital ar attending p errificate has been s ed far use as the b at Health priar tab	MFD.CAL (	GR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month Day Year ler) P.M. 19	County State
G PHYSIC the hospi this cert detached de Dept. a		at wark at wark	PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	
Page 4 may be retained by the hospital ar of FuneRAL DIRECTOR: After this certificate director, page 3 should be detached for ushould be filed with the State Dept. af Healt			ive on 19 St., and that in (my) (eur) opinion death occurred on the d	ote and hour and from the
OR AT be retained a short of the short of th		22b. STONATURE	DEGREE PHYS MED STAFF 220	PATE SIGNED 69.
O HOSPITAL OR Page 4 may be 17 O FUNERAL DIRE director, page 3 shauld be filed w		22d. PHYSICIAN'S NAME (Type) ROC	BERT C WIN G-FIELD 220. ADDRESS	
TO HO Page TO FUN direct shauf	1	BURIAL, CREMATION, 23b. (Specify) 3	28/69 St Many Cemi Laurel	(County) (State)
ON REV TAS	24	FUNERAL DIRECTOR,	Funeral Lane Lawy DAPPR 1 1969 25b. REGISTRAR DAPPR 1 1969	S SIGNATURE



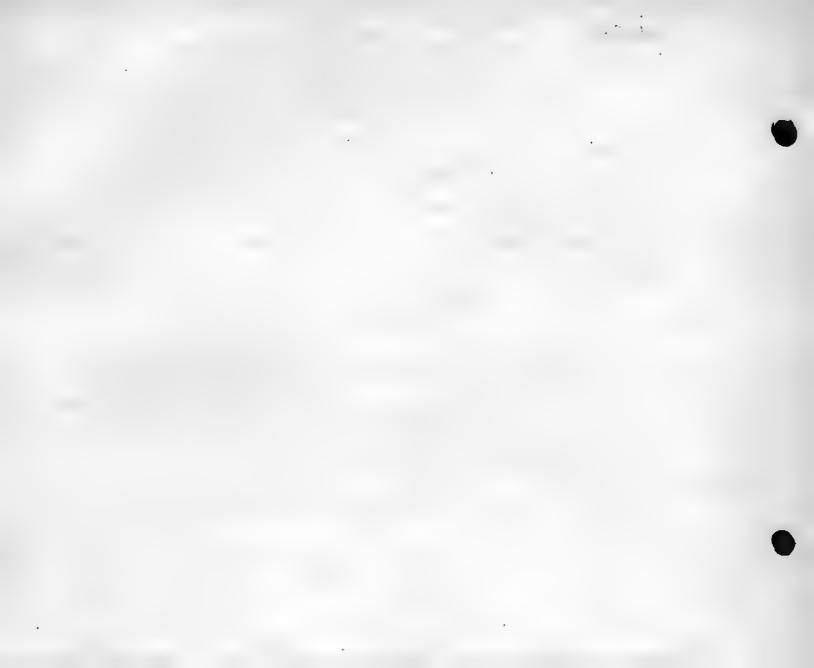
	It.	cms 188222 Film 411 MARYLAND STATE DEPARTMENT OF HEALTH	01101
FOR STATE	ľ	04437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04431
HEALTH DEPT.		FECEASED NAME First Middle Lost 20 DATE KNOWN Month Type or Print) 0F ESTI-	Day Year 2b HOUR
2, and 3 to PM3. Page		Anna Frances Seitz DEATH MATERIAL 3-9-	69 192:30pm
delay and 3 N3. Pag	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE HID YROUS F JINDER 1 YEAR S 12C DATE PRONOUNCED DEAD	2d. HOUR
A bad		male   White   5-28-1916   52	699 2:05pm
E Age		BIRTHPLACE (State or foreign 75 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED Prince George's	
ges of for		Washington, D. G. USA WIDOWED DIVORCED Prince George's  III NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSJAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
hin 24 hours ofter deoth Sny on the lift fem 18. Give Poges 1, 2, a name is Office olong with form PM poges 1 and 2 with the State Deposit		Gree Street oddress)  Cheverly  Prince George Hospital  LSUAL RES DENCE (Where deceased lived, it institution Residence before 13c. C.T.Y OR TOWN  13d. INSIDE CITY UM: 15?  13e. STREET AND NUMBER	INDUSTRY
fer Give ong th ti	13a	LSUAL RES DENCE (Where deceased lived, if institution Residence before 13c. CiTy OR TOWN 13a. INSIDE CITY UM:15? 13e. STREET AND NUMBER	
18. 18. 9 of	0	Haryland Park YES NO 6527 D Stree	t
hours ofter frem 18. Grv Office olong 1 ond 2 with 1	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
7.4 1 F S C C S S 1 S S 1 S S 1 S S 1 S S 1 S S 1 S S 1 S S 1 S S S 1 S S S 1 S S S 1 S		Albert F. Saul Elsie A. Harvey	
		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)  (ii) yes give wer or doties of service)  (iii) yes give wer or doties of service)  16b SOCIAL SECURITY NO  17. INFORMANT  182 X R X R X R X R X R X R X R X R X R X	
should be executed will be word "pending" in per the Chief Medical Exorutial-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (d) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medica ansit permit.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure	Minutes
ex pend f M		Outlians, if any, which gave )  Outlians, if any, which gave )  Antenios of anothic heart disease	77.
d be Chie fran		rise to immediate cause (a), (b) ATCET OCCIONATE ATCET	Unknown
This certificate should be executed tote, writing the word "pending" be forworded to the Chief Medical be used as a burial-transit permit.		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te shahe the d to d to o bu	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	.1
ficat ing rded os (	2		
This certificate is ficate, writing the be forworded to do be used as a bor removal, and	CERTIFICATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ote, e fo	RIE		YES 🔀 NO 🗌
inee: The contification of the contification of the contient o	MEDICAL CE	210 EXTERNAL CAUSE WAS   21b TIME OF INJURY Manth, Day, Year   21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, If HOW INJURY OCCURRED (Enter noture of injury in Part 3, If HOW INJURY OCCURRED (Enter noture of injury in Part 3, If HOW INJURY OCCURRED (Enter noture of injury in Part 3, If HOW INJURY OCCURRED (Enter noture of injury in Part 3, If HOW INJURY OCCURRED (Enter noture of injury in	tem 18)
O DEPUTY DICAL EXAMINER: This certificate should be executed necessory, please execute the certificate, writing the word "pending" the funeral director. Page 4 should be forworded to the Chief Medical 5 may be retained for your files.  O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health prior to buriol, cremation, or removal, and in any event within	₩.	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK A	County State
L E) Recut Pog for y Ne. P.		220. I certify that I took charge of the remains described above, held on Autopsy 🗷, Inspection 🛣 , Inquiry	ond in my opinion
brcal se exer ector. P ined for iECTOR		death resulted fram. Natural Causes X, Accident , Suicide , Hamicide , Undetermined manner	
pleose e I director retoined I DIRECT		CHIEF MEDICAL EXAMINER	
JTY, pleerol diple reto be reto prior t		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22b. DATE	
TO DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md.  DEPUTY MEDICAL EXAMINER [ 3] ADDRESS(Street, city, town, or county)	-10-69
5 the second sec	230	BLRIAL CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
		Burial (Spec (y)) / 3/13/69 Cedar Hill Washington, D.	C.
VR A15ME IS	24	FUNERAL DIRECTOR  Robert E. Wilhelm Funeral Home  4308 Suitland Rd. S.E. Suitland Rd. 20023  AMAR 1 7 1969  256 REGISTRAR 27 1969	S GNATURE



DECESSONAME   First   Middle   Lost   32, DATE OF DEATH   104/4.3.2   22 HOURS   105/23/99   COUNTY OF DEATH   104/4.3.2   23 HOURS   23 HOURS   24 RACE   SOLITE OF SHIRTH   0.5/23/99   COUNTY OF DEATH   0.6 AGE (In years   10 HOURSELTEN   10 HOURS   10 HOURSELT   1	DECEASEDNAME (Type or print)   Roy   E   Senters   So DATE OF BEATH   J3/3/69   Month   Doy   Yes   So DATE OF BEATH   J3/3/69   Month   Doy   Yes   So DATE OF BEATH   J3/3/69   Month   Doy   Yes   Month   Doy   Trince   George   So Dunkte   Doy	1		01100	DIVISION OF VITAL RECORDS, 3	O STATE DEPARTMENT OF BOT W. PRESTON STREET, BA		
Common	Comparison   Com	ĺ		04438	C	ERTIFICATE OF DEATH		04432
Male  White  O5/23/99  MARRIED  NEVER MARRIED  DIVORCE  PCOUNTY OF DEATH  CLSA   Male White 05/23/99		1 DI (1	ung or print)	E. Senters	Last	44 4)	Doy Yeor 3:10	
To SIRRIPPLACE (Sobre or foreign country)  CLOWA.  CLO	To RIFFERIAL E (Solve or Foreign Country) CLISA  CLIST TOWN OF DEATH CLIST OF WHAT COUNTRY?  CLIST TOWN OF DEATH CLIST OF WHAT COUNTRY?  CLIST TOWN OF DEATH CLIST OF WHAT COUNTRY?  IS MANAGE OF HOSPITAL OR INST JUDION (If not in heapton of the work done down on the state of the working if a ven if retured)  IS SUBJAR RESIDENCE (Where deceased lived, if institution Residence before 13 CLITY OR TOWN Office of the working if a ven if retured)  IS MORE OF TOWN OF DEATH CHO VENT OF DEATH CLIST OR THE WAS CAUSE OF DEATH CLIST OR DE		3 SE				6 AGE (In years	MONTHS DAYS HOURS M
The continuence of the continu	13	- 1	10 C	LINTEN TENN.  ITY OR TOWN OF DEATH  neverly	CLSA.  INAME OF HOSPITAL OR INST give street oddress) Prin Hospital	TUTION (If not in hospitol ce George's during	Prince George's SUAL OCCUPATION (Kind of work don most of working ife, even if retired	e 126 KIND OF BUSINESS OR
SENTERS   NORA   BEATS	SENTERS   NORA   BEATS   166 WAS DECASED FUER IN US ARMED FORCES? Yes, no, or unknown)   Offers pow word or drient of sorreal   213-01-0293   DECASED BY SENTERS   WISCONSTRUCTION   213-01-0293   DECASED BY SENTERS		odm	ssion) STATE Mary Land	13b COUNTY Prince George	ge's Laurel YES	NO Apt 101 - 18	
18 CAUSE OF DEATH (Inter only one cause oper line for (a), (b) and (c)	BLAUSE OF DEATH (Inter only ane cause per line for (a), (b) and (c)   APPROXIMATE MIRRAR   ACCURATE		160.	WAS DECEASED EVER IN U.S. ARME	SENTERS 166 FORCES? 166 SOCIAL SECURITY NO	D 17 INFORMANT	VORA Address	BEATS SAME AS
Country Butting   Cause of DEATH   HOUR A.M   Manth Day Year   19   19   21d   No.WE, FARM, STREET, FACTORY,   21f LOCATION Street or R.F.D. No.   City or Town:   Country   State   No.	OR CONTR BUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   19   19   21d   INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State   While   Nat while   at work   22o. I certify that (I) (this hospital) attended the deceased from 3/3/69   19   10 3/3/69   19   10 10 10 10 10 10 10 10 10 10 10 10 10		75	Conditions, if any, which gave itse to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF BILATERAL P  (b)  DUE TO, OR AS A CONSEQUENCE OF (c)	ulmonary Edema wi	ith Congestive He	
Country Butting   Cause of DEATH   HOUR A.M   Manth Day Year   19   19   21d   No.WE, FARM, STREET, FACTORY,   21f LOCATION Street or R.F.D. No.   City or Town:   Country   State   No.	OR CONTR BUTING CAUSE OF DEATH HOUR A M Manth Day Year  If either, notify medical examiner)  21d. NJURY OCCURRED  While Nat while at wark  22o. I certify that (!) (this haspital) attended the deceased from 3/3/69, 19, 10, 3/3/69, 19, that (!) (we) sow the deceased above, (!) (we) (did) (did not) view the body after death.  22o. I certify that (!) (this haspital) attended the deceased from 3/3/69, 19, to 3/3/69, 19, that (!) (we) sow the deceased olive an income courses stated above, (!) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE ATTENDING MED DIRECTOR PHYS 3/4/69  22c DATE SIGNED 3/4/69  22d PHYSICIAN'S NAME (Type)P. C. Xavier, M.D.  23c NAME OF CEMETERY OR CREMATORY  23d LOCAT ON (City or Town) (County) (State)		RTIFICATION			AE2 XX NO	CAUSES OF DEATH?	
at wark at wark 220. I certify that (1) (this hospital) attended the deceased from 3/3/69 , 19 , to 3/3/69 , 19 , that (1) (we) he sow the deceased olive an	at wark at wark 220. I certify that (1) (this hospital) attended the deceased from 3/3/69 , 19 , to 3/3/69 , 19 , that (1) (we) sow the deceased above on 19 , and that in (my) (our) apinion death occurred on the date and hour and from causes stated above, (1) (we) (did) (did not) view the body after death.  22b SIGNATURE  22c DATE SIGNED 3/4/69  22d PHYSICIAN'S			OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M Manth Day Year	·		
	NAME (Type)P. C. Xavier, M.D.  Prince George's Hospital  230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)			While at wark  220. I certify that (I) (this sow the deceased oli couses stated above,  22b SIGNATURE	s hospitol) attended the decease ive on19 ,(I) (we)(did)(did not) view the b	d from 3/3/69 , 19 ', ond that in (my) (our) o ody after death.  DEGREE PHYS	ppinion death occurred on the	19, that (I) (we) date and hour and from



1				EPARTMENT OF HEAD				
	04439	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH						
1.	DECEASED-NAME	First Middle	CLKIIITCA		DATE OF DEATH	04433		
	(Type ar print)	-1 m		EPPIN	Month Doy	Yeor 26 HOUR		
3	SEX	4 RACE	5	DATE OF BIRTH	6, AGE (n years	IF UNDER 1 YEAR H UNDER 24 HRS.		
	FeMAL	E White		2-17-18	80 YRS	MONTHS DAYS HOURS MIN		
70	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED	MCACK MWKKIED	DUNTY OF DEATH			
L	Caranda (4	USA	WIDOWED 🔀			County		
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	NSTITUTION (if not in	n haspital 12a USUAL OC	CUPATION (Kind of work done working life, even fretired)	12b KIND OF BUSINESS OR INDUSTRY		
_	Hyattsville	gave street oddress) Hyattsville	Nursing	home	llousewife	Home		
dr	nission) STATE Washineto	ceased fived if institution; Residence before	ashingtor	NEC DINCE	13e STREET AND NUMBER 4312 10 st N	E		
_	FATHER'S NAME First	Middle Last	15 M	OTHER'S MAIDEN NAME First	M-ddle	Lost		
_		am Hetfield		Rebecca		Lummsden		
160	Yes, na, ar unknawn)   111 yes	ARMED FORCES?  Give wor or dotes of service)			O Lavern Drive	Hvattsville Md		
-		er any one cause per line tar (a), (b), and (a				APPROX MATE INTERVAL		
	PART I. DEATH WAS CA	JUSED BY:	a Dona	eles Gund	our (Shoko)	BETWEEN ONSET AND DEATH		
	14º 6 7 IMM	DUE TO, OR AS A CONSEQUENCE O	F	1	(3/11/02)	comos		
	Canditions, Fany, which go	ove) Williams	uned a	rhenevile	son y			
	rise to immediate cause ( stating the underlying car		F					
	fest.	(c)						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	IE TERMINAL D SEASE OR CONDIT	TION GIVEN IN PART 1(0)			
LON	19g DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS P	FREGRMED	20g. AUTOPSY?	20b IF YES, WERE FINDINGS CO	DUSTUEDED IN CERTIFYING		
CERTIFICATION	The state of the s		LA VISITED	YES NO	CAUSES OF DEATH?	SUST ON LEAR LEAD IN CONTROL		
			21c HOW		ire of injury in Port 1 or Part 2, 10	tem 18)		
NE SE	OR CONTRIBUTING CAUSE OF		r 19	ì				
ME				ION Street or R.F.D. No.	City of Town	County State		
	White Not while at wark			,				
	220. I certify that (I)	(this hospital) attended the deceased alive an	sed fram	11/30,1968	, to 3/3 , 19C	og, that (I) (we) last		
	sow the deceased alive an							
	226 S GNATURE	010	21/5		27c D	PATE SIGNED /		
	ICK	Michel	BEGREE	ATTENDING MED DIRECTO	OR STAFF	3/3/69		
	22d. Physician S NAME (Type)	C. KIRCHNER	4. 5.	22e ADDRESS 6480 N H. K	FOR TAKONK	PARK. THO.		
23c	BUR AL (REMATION, 2	3b DATE 23c NAME OF	CEMETERY OR CHE	MAJORY 23d	LOCATION (City or Town)	(Caunty) (State)		
			incoln Ce	emetery C	olmar Manor Pro	' '		
24	FUNERAL DIRECTOR F. G:	asch's Sons Hyattsvi	ille. Md.	250. RECD BY REG	5 1969 REGISTRARS	SIGNATURE		
			,	DATE	0 1000			



a		DIVISION	MAKTLAND 3 1 OF VITAL RECORDS, 301				AND 21201				
FOR STATE		04440	MEDICAL EXAM					04432			
HEALTH DEPT	1 1	DECEASED NAME First (Type or Print)	M dd	le	Last		20 DATE KNOWN Month	Doy Year 25 HOUR			
2, and 3 to PM3. Page	_	Georg	re Robe		Sh	ea.	DEATH MATED \$ 3-21	-69 191:00pm#			
eloy rd 3	3. 1	SEX 4 RACE	S DATE OF BIRTH	6 AGE (In years lost birthday)	MONTHS DAYS	F JNDER 24 HRS HOLEE M N.	2c. DATE PRONOUNCED DEAD	2d HOUR			
y d on PM3 artn		Male White	14 Sept 1905	63 RS			Month Dpy 3 24	69° .9 3: 28pm M			
Je p	7a	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MAI	RIED NEVER MAI		NTY OF DEATH				
form form	100	Mest Va	USA		_	RCED P	cince George's	Mo			
Pag Vith	IID.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION	(if not in hospital	12o. JSBAL O€	CUPATION (Kind of work done	12b KIND OF BUSINESS OR			
or d g w g w		Cheverly USUAL RES DENCE (Where deceos	Prince Ge	eorge Ho	spital	I INSIDE CITY LIMITS?	CAL COL	MOSIRYGOV't.			
s offer 18. Gi	130	. USUAL KES DENCE (Where deceose pdrussion) STATE Marviand	ed i ved, it institution. Residence	before 13c CITY	OK TOWN		13e. STREET AND NUMBER				
24 hours ofter deoth in Item 18. Give Pages 1, r's Office along with farm es land 2 with the State De rs ofter deoth		FATHER'S NAME FIRST	Prince George	's Hiv	erdale	YES NO	5716 Sheridar	Street			
State of the 1	14		am Shea	Lost	IS. MOTHER'S MAII	Betty	Middle	LOSŤ			
Fin 24 hours ofter deoth ny delong of the 18. Give Pages 1, 2, and 3 mare's Office along with farm PM3. Pages 1 and 2 with the State Department hours ofter deoth	160	WAS DECEASED EVER IN U.S. ARMED F		OM VIIII	7. INFORMANT	Devey	ADDRESS				
Examiner's Office olong with farm File pages I and 2 with the State De			rad dates of service) 276 26			F Shan	E Riverdale	W.I			
ould be executed with some vord pending in see the Chief Medical Example Col-tronsit permit File only event within 72	<b> </b>				virginia	a & ~nea	E Riverdate	Md.  APPROXIMATE INTERVAL			
ithir		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), o	na (c).)	of handa			BETWEEN ONSET AND DEATH			
be execut pending nief Medic nssit permi		MMEDIA	If CAUSE (a) CHAIT SELOC	Would	or pratu						
ef Men		Conditions, if any, which gove )									
P 5 5 5 6 7		rise to immediate couse (a), stating the underlying couse (	(b) DUE TO, OR AS A CONSEQUE	NCE OF		<del></del>					
shauld be e ne word 'pen o the Chief A bur ol-tronsit I in ony even		lost.	(4)								
the s the d to d to		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9)									
ico de de		TO THE PERMITTER OF THE PERMITTER DISEASE OF COMMITTION OF THE TAKE 1(0)									
certif arwan used moval	CERT F CATION	190 DATE OF OPERATION	195 CONDITION		RATION			2D. AUTOPSY?			
is c fai fai rem	17.		WAS PERFO	RMED?				YES NO TE			
INER: This to certificate should be files. 3 should be a should be a should be a should be nation, or re	3	21o. EXTERNAL CAUSE WAS	216 TIME OF NJURY Month, De	y, Yeor 2	c. HOW INJURY OC	CURRED (Enter notur	e of njury in Part 1 or Part 2, I	tem 18.)			
INER: e cert should files. 3 shou	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	1:00pm 3-24-	19 69	Shot sel	f at home					
MIN H Sh T fill mat	×	21d INJRY OCCURRED 21e. P	LACE OF INJURY (At home form, story, office building, etc.)	reet, 2	f. LOCATION Street of	or R.F.D. No	Cty or Tawn	County State			
ICAL EXAMINER: execute the certifor. Page 4 should for your files. CTOR: Page 3 should buriol, crematian,		WHILE NOT WHILE AT WORK AT WORK	home home	}	same as	<b>#13</b>					
Recu Recu Por for iol,		22a   Certify that I to	ak charge of the remains de	scribed abave	, held an Auta	psy 🗍, Ins	pectian 🏗 , Inquiry	, and in my apintan			
JICA pleose ex- director. etoined a DIRECTO		death resulted fram-	Natura causes . , , Ac	cident 🔲,	Suicide X	Hamicide	Undetermined manner				
dure dure of the top o			10 K.		CHIE	F MEDICAL EXAMINE	R 🔲				
Ty pleose rad direct AL DIRE		ACTUAL SIGNATURE	m lew	/	M D ASSI	STANT MED CAL EXAM	MINER 22b. DATE				
PUI Ssory Une NER		EXAMINER'S	* /			JTY MED CAL EXAMIN		3-25-69			
TO DEPUTY DICAL EXAM necessory, pleose execute the tuneral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to buriol, crem				rdale,		RESS(Street, city, tov					
5 = = 5 E =	230	BURIAL, CREMATION, 23b REMOVAL (Specify)			OR CREMATORY	23d	OCATION (City or Town)	(County) (State)			
	24	REMOVAL (Spec fy) Burial Ma		ADDRESS	National	ac- been ay bee	Baltimore,  ISTRAR 256 REGISTRARS				
VR ATSME DE	24.	F. Ga	sch's Sons Hya	ttsvill		250 REC D BY REG	1969 REGISTRAR'S	SIGNATURE			
OM REV 1/de						UA WATER	1000	,			

1.

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04435 1 DECEASED-NAME First Middle Shields 2g DATE OF DEATH 26 HOUR P Pages 1 and 2 aurs after death (Type or print) Samuel Month 29 69 Year March 3 SEX 4 RACE S DATE OF BIRTH 6 AGE ( n years IF JINDER 1 YEAR IF JHDER 24 HRS Male Cauc. 07-7-8xx86 DAYS 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country)Pitts, USA WIDOWE Pa. DIVORCED [ Prince George's Md. 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR Lanham during most of working life, even if retired)
Retired Wash INDUSTRY Cipriano Road Dun Fact. 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c City OR TOWN 13e. STREET AND NUMBER Ciprians 13d INSIDE CITY DIMITS? uires that the death certificate be executed admission) STATE Lanham YES 🗀 NO [ remaye burial, cremation, ar remaval, and in any 14 FATHERS NAME First Middle 15. MOTHER'S MAIDEN NAME First and David Shields Unknown 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates at service) Samuel F. Shields Same as Son) No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. APPROX MATE INTERVA. BETWEIN ONSET AND DEATH signed by the attendii burial-transit permit. IMMEDIATE CAUSE (a) Conditions, if any, which gave: nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached for use as the should be filed with the State Dept. of Teolth prior to TO FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 😠 YES 🔲 TO HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 2ic. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f. LOCATION Street of R.F.D. No. City or Town County Stote While Nat while at wark from 196 19 , 19 , ta march 29 , 1969 , that (1) (see) lost , and that in (my) Your opinion death occurred on the dote and haur and from the 22a. I certify that (I) (this hospital) attended the deceased from... sow the deceased alive an.... 22b. SIGNATURE 22c DATE SIGNED STAFF 3-30-69 DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S Leon Levitsky, M. D. Rhode Island Ave., Mt. Rainier, Md. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (Stote) (County) Cedar Hill Cemetery - Suitland, Maryland 24\_ ELIVERAL DIRECTOR ADDRESS wash. RECD\_BY REGISTRAR 25b REGISTRAR'S SIGNATURE Bros. 1661-Gd. Hope Rd. SE.DC. DATALK Minuter Vinder Simmons



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04442 04436 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH (Type or print) Month 9 Day 19 Year 3:UVAM Henry Silins 6. AGE (In years last birthday) Page 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me, run director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS. Male White Aug. 22, 1898 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH (querry) Latvia U.S.A. Prince George WIDOWED DIVORCED The law requires that the death certificate becaused within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR atve street address) duling most of working life, even if retired) INDUSTRY Brandywine 130 USUAL RESIDENCE (Where deceosed fived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER addression) STATEMO. 13b. COUNTY Pr. George Brandywines No Gen. Details admission) STATEMd. Gen. Del. Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Lost Middle John Silins Marv Silins 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no Nonthingwan | (If yes give wor or doles of service) 579-42-9428 Mrs. Malvina Silins Brandywine, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

OUE TO, OR AS A CONSEQUENCE OF

ditions, if any, which gove)

to immediate cause (a).

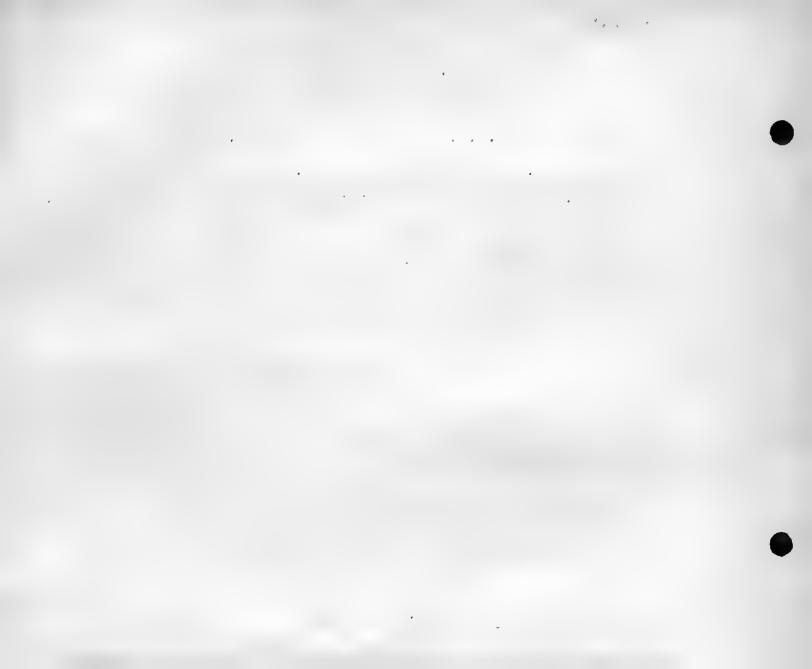
(b) 1 6-6 Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO I 210 ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19 21d. IN.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City ar Tawn County While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from 3 - 12 , 19 55, to 3 - 9 , 19 67, that (1) (we) last saw the deceased alive on 3 - 7 , 19 69, and that in (ms) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS STAFF MED.
DIRECTOR Stechan W March 9,1969 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Richard Dobson M.D. Brandywine, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION, 23b DATE Crematory Washington, D.C. 24. FUNERAL DIRECTOR Huntt Funeral Home Waldorf, Md. 250. REC'D BY REGISTRAR 25h REG STRAR S SIGNATURE MAF 1 2 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04443 CERTIFICATE OF DEATH 04437 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o STATE b. COUNTY MARYLAND r CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corparate firmits. E LENGTH OF STAY IN 16 write RURAL and give nearest town) executed within 24 hor papers. HOSPITA. OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE .≘ d STREET ADDRESS within 72 NO X NAME OF Middle Day Year remaye carbon DECEASED OF DEATH and in any event, (Type or point) IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7 MARRIED AGE (In years IF JNDER 24 HRS NEVER MARRIED iday) Manths Davs Haurs DIVORCED WIDOWED puo 10a USUAL OCCUPATION (Give kind at work dane during most at working life, even if retired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR-(County & State, or foreign Contry) requires that the death certificate be COUNTRY INDUSTRY attending physician sermit. Then please ouse 4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remayal, 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, na, or unknown) (It yes give war ar dates at service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART : DEATH WAS CAUSED BY INTERVAL BETWEE ONSET AND DEATH fransit IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO Canditians, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause prior to 9 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PHYSICIAN: The NO YES **DIRECTOR:** After this certificate 20g. ACCIDENT WAS JNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c TIME OF INJURY Manth, Day, Year Haur Ta.m. factory, street, affice bldg., etc.) Nat While at wark 1965 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from . 19. be retained 69, and that death accurred at sow the deceased-alive an M, from causes and on the date stated above 22a SIGNATURE 226 DATE SIGNED -DIRECTOR TO HOSPITAL (Page 4 may b 22c PHYSICIAN'S 22d. ADDRESS O FUNERAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL (REMATION) DATE THEREOF (County) (State) Washingler Dl Marya Cartalie Cemeters. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 2Sb



1		04444	DIVISION OF V	ITAL RECORDS,	301 W. PRE	STON STREET,	BALTIMORE,		201			
		em6 FilmG411 4/	L/2/69 kk CERTIFICATE OF DEATH							04438		
		ECEASED NAME First Type or print) Matthe		Middle J.	Sk	y r m	2o DA	TE OF DEATH	1 099	<i>3</i> °8	26 HOURP 4:459	
	3. SI	Male	4. RACE Whi			DATE OF BIRTH 9/07/06		6. AGE (in years) to those	ars y) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
	can	Ohio	76 CITIZEN OF WHAT U.S.	Α. `	WIDOWED [	NEVER MARRIED DIVORCED	Sep.	PG			Md	
7.1 7.1		CITY OR TOWN OF DEATH Riverdale, Mc	give stre	er address) and Mem	orial	Hosp.	ing mast of we	ATION (Kind af war rking life, even if re T & A	dane tired)	12b. KIND OF INDUSTRY	BUSINESS OR	
, ,	13a. adm	USUAL RESIDENCE (Where decease ssion) STATE $M d$ .	d lived, if institution	Residence before	13c. CITY OR TO	dale YES		36. STREET AND NUN		ore Av	e .	
Alempion	14.	ATHER 5 NAME First  Matthew	Middle	Skyrm	15. A	SOTHER S MAIDEN N	AME First		ddle	Lug	Last	
		WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16	b SOCIAL SECURITY N		DRMANT			dress OV11			
	NC	Candit ans, if any, which gove insert a immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONT	BY E (AJSE (a)  DUE TO, OR AS A  OUE TO, OR AS A  (c)	Consequence of a conseq	of to.	4		GIVEN IN PART I(a)			MATE ATEPVA. MSET AND DEATH	
1	CERTIFICATION		ONDITION FOR WHICH			_	NO 🗀 C	Ob IF YES, WERE FIN AUSES OF DEATH?			RTIFYING	
	₹.	21a ACCIDENT WAS UNDERLYING OR CONTRIBLTING CAUSE OF DEATH (If either, notify medical examina	HOUR A.M. /	Manth Day Year	,			f injury in Part 7 or	Part 2, ii	tem 18)		
	M	at wark at wark	TACE OF INJURY (AT		4	1 .		City or Town		County	State	
		22a I certify that (1) (this saw the deceased all causes stated above	hospital) attend ve an (I) (we) (did) (di	led the decease '7 1 d not) view the l	ed from 9	hat in (my) ( <del>ou</del> ith	19 <u>67</u> , ta <del>1)</del> apmian dec	ath accurred an	, 19_ the dat	e and haur o	(1) (we) last and fram the	
		22b. SIGNATURE	Alben	hen, 19.0.	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	22c. D	ATE SIGNED	69	
led be		22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS						
	6	BUR AL CREMATION, REMOVAL (Spec fy)  Pemetion Ma:  Funeral Director	r.20,196		CEMETERY OR CR	tory		CATION (City or Township to Car 25b REG	n.	((aunty) D.C.	(State)	
A15 (4) - 1/69		ee Fun. Home	300 4th		Wash.							



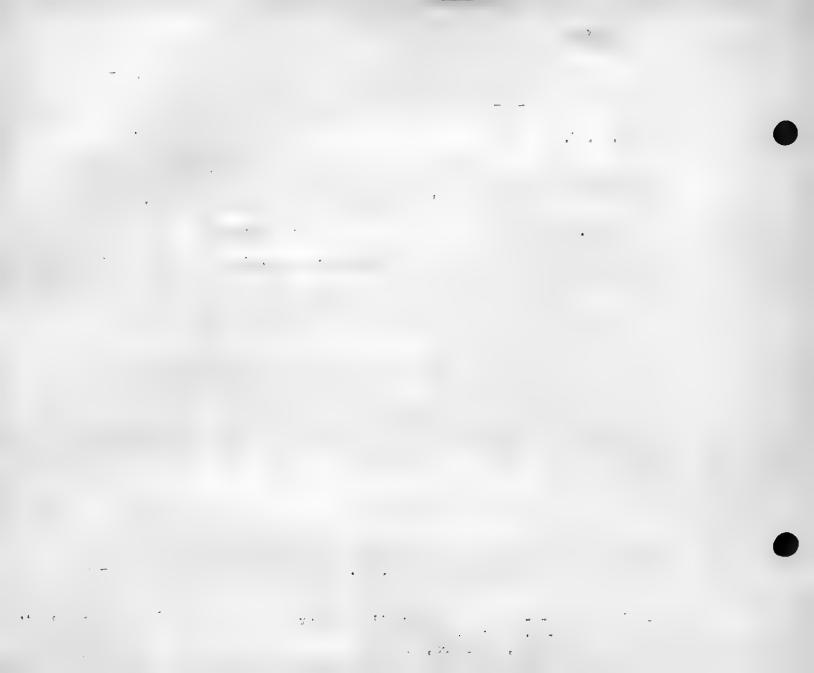
1	04445	DIVISION OF	VITAL RECORDS, 301 CER	W. PRESTON ST		RE, MARYLAND	21201 0443	₹ 0
		arles Baby-Boy-6	Mobert mith	Smith,	Jr. 2a.	DATE OF DEATH Month Ma	Day Yea	2b. HOUR
3 SEX	Male	4 RACE Whi	to	S DATE OF B	irih h 16. 196	6 AGE (In	years IF JNDER Y	TEAR OF UNDER 24 HRS.  DAYS HOURS MIN
	IPLACE (State or foreign	7b. CITIZEN OF WHA	AT COUNTRY? 8. A	AARRIED 🔲 NEVER MAI	RRIEDKX 9. CO	UNTY OF DEATH		
	MD OR TOWN OF DEATH	U. S. 11 NA give st	A we of Hospital or Instituted to didress)  Lee GEorge 's	FION (If not in hospital	120 IISUAL OCC	ince Geor CUPATION (Kind of w warking life, even i	rork done 12b. KIN	Md. ID OF BUSINESS OR RY
13o. USU	Cheverly AL RESIDENCE (Where dece a) STATE	nsed lived of institution	in Residence before 13r	CITY OF TOWN	13d INSIDE CITY JIMITS? YES NO	13e STREET AND N		400 data
14 FATH	ER S NAME First	Middle	r.Goo's Up	PIS. MOTHER'S M	AIDEN NAME First	RFD BX 5	008 BRWN S	Last
15 m 14141	Charle		Smith 16b. SOCIAL SECURITY NO.	17 INFORMANT	Sue		Add A	Shutts
Yes, n	oMr unknown) (II yes gra	s war or dates of service;	PP 40	Charles	R. Smi	th-Rd.	000,Brow Ipper Mar	n Station
18.	CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUSED IN METER OF THE PART 1 DEATH	only and cause per find SED BY. DIATE CAUSE (a)	o for (a), (b), and (c),	ectam			BETW	WEEN ONSET AND DEATH
Car	1769 Iditions, if ony, which gave	DUE TO, OR AS	A CONSEQUENCE OF					
rise	to immediate cause (a) ling the underlying cous	, (D)	A CONSEQUENCE OF					
	: RT 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	NG TO DEATH BUT NOT RE	LATED TO THE TERMINA	AL DISEASE OR CONDIT	TION GIVEN IN PART I	(o)	
CERTIFICAT ON	DATE OF OPERATION 19	CONDITION FOR WHIC	H OPERATION WAS PERFOR	MED 20a. AUTO		20b IF YES, WERE CAUSES OF DEATH?	FINDINGS CONSIDERED	IN CERTIFYING
₹ Ind	ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI either, notify medical exar	ATH HOUR A.M.	Month Day Year	21c HOW INJURY OC		re of injury in Port 1	or Port 2, Item 18.)	
	I INJURY OCCURRED 21 ile Not white of wark		AT HOME FARM, STREET, FACTORY OFFICE BUILDING, ETC.	21f LOCATION Stre	et or R.F.D. Na.	City or Town	County	State
220	a. I certify that (I) (I	his haspital) atta alive an ve, (l) (we) (did) (	he deceased f 19 a did nat) view the bad	rom March Z, and that in (my after death.	16 , 19 69 , ny) (aur) apinian	, to <u>March</u> death occurred o	18, 19 <u>69</u> , 1 on the date and h	that (i) (we) last our and from the
	SIGNATURE	James	20	DEGREE PHYS		OR STAFF	22c DATE SIGNE 3/18/	
22d	CPHYSICIAN'S NAME (Type) Rob	ert B. S	asscer, M.	.D. 22e. ADI	pper Man		Ma. 2087	0
230. BUI	RIAL, CREMATION 23b	DATE /69	23c NAME OF CEME Ft. Lir	TERY OR CREMATORY	1. 23d B.	LOCATION (City or 1		eo Md.
R1t	eral director	• Upper	Marlboro,	Md.	250 RECD BY REG		REGISTRARS SIGNATURE	

MAKTLAND STATE DEPAKTMENT OF HEALTH

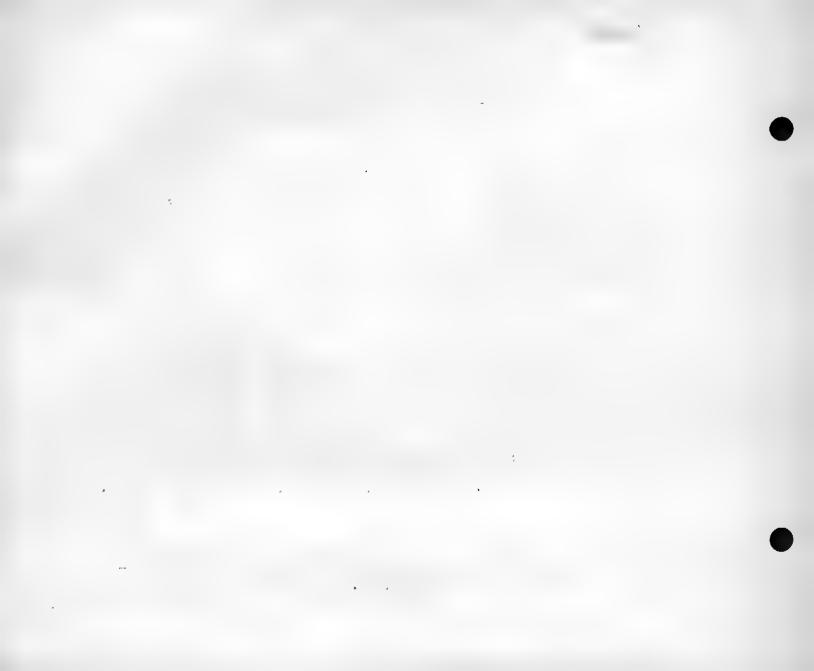


, 1	. *	5000000 AC.		D STATE DEPARTMENT OF		
	04446	DIVISION OF		301 W. PRESTON STREET, BALCERTIFICATE OF DEATH		04440
丰 <u>-</u> 2丰	artin	est	Middle	Lost	20. DATE OF DEATH	2b. HOUR
NRECTOR: After this certificate has been signed by the attending physician.  1 Should be detached far use as the burial-transit permit. Then please, remave carbon popers. Pages I and 2 should be detached far use as the burial-transit permit. Then please, remave carbon popers. Pages I and 2 should be state Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.		rline	Α.	Smith	March	21 1969 1:30Pm
and completely filled in by the fur exemave carbon popers. Pages I in any event, within 72 hours after	3 SEX	4. RACE		S. DATE OF BIRTH	6 AGE (In years lost buthday)	MONTHS DAYS HOURS MIN
Pag Jrs (	Female		White	7/2 <b>7</b> /1901	lost birthdoy)	
ا عَرِي	7a BIRTHPLACE (State or fore gn country) N. C.	76 CITIZEN OF WHA	AT COUNTRY?	8 MARRIED NEVER MARRIED "	9. COUNTY OF DEATH	
22		U.S.A.		WIDOWED NORCED	Prince George	MG
量人	O GIY OR TOWN OF DEATH Glenn Dale	g <sup>o</sup> gi	enn Dale	TITUTION (If not in haspito   120 US   during   uni	UAL OCCUPATION (Kind of work dor most of working life, even if retired CNOWN — retired	126 KIND OF BUSINESS OR INDUSTRY
event	130 JSUAL RESIDENCE (Where decodraission)	eosed lives, finstitutio	n Residence before	Wash. D. C. YES	The Tribute of the Control of the Co	St., S. E.
y any	14 FATHER'S NAME First	Middle B.	Allen	15. MOTHER'S MAIDEN NAME		Perry
	160 WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURITY N			
ovar,	Yes, no, ar Jaknowa) (II yes gi	iva war or dates of service)	237-24-68	64 Decedent, Et	WARD S. SMITH FOR	TWALTEN BEACH, FLA
burial, cremation, or removal,	18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	on y one couse per line	for (a), (b) and (c)	)	•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar	IMMI	DIATE CAUSE (o)	onchopneu	monia		7 days
burial, crematian, ar re	Conditions, if ony, which go		A CONSEQUENCE OF			
BW.	use to immediate couse (o	(b)				
	stoting the underlying cause	-) (d) Mal		right neck, possib		
i i	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	NG TO DEATH BUT NO	OT RELATED TO THE TERMINAL D SEASE OR	CONDITION GIVEN IN PART 1(0) T	ntertrochanteric
	I d'ann a dessana a l'art	It hip, $1/1$	/69, trea	ted by Jewett nail	ling; cholecyste	ctomy, remote
1	190 DATE OF OPERATION	9b CONDITION FOR WHIC	H OPERATION WAS PER		LANGER OF BEATUR	S CONSIDERED IN CERTIFYING
/	190 DATE OF OPERATION 11	VIII 0		YES K NO		
	210 ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUSE OF E  (If either, notify medical exa  21d INTURY OCCURRED 12	DEATH HOUR A.M	INJURY Month Day Year 19		er nature of injury in Part 1 or Part	2, Item 18}
	21d INJURY OCCURRED 2 While Not while at work of work		AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.		o City or Town	County State
	22a. I certify that 412	this hospital) atter	ded the decease	d from 1/29/ 19	69to 3/21/	19 69 that M (we) last
	saw the deceased causes stoted oba	alive an3/	<b>21</b> /	9_69, and that in XXV) (our) or	vinion death occurred on the	dote and hour and from the
/	22b SIGNATURE	Wire on	an	DEGREE PHYS.	MED STAFF 27	2. DATE SIGNED 3/21/1969
	22d. PHYSICIAN'S NAME (Type) Moe	Weiss, M.	D.	22e. ADDRESS G1e.	nn Dale Hospitel	d
	230 BLRIAL, CREMAT DN, 23 BENDYALISPICTY	5-26-196	49 4	TEMETERY DR CREMATORY	23d LDCAT DN (City or Town)	(County) (State)
141	24 FUNERAL DIRECTOR WWW.HAMB	P	RIVERDA	Y A 2So RECD	BY REGISTRAR 256 REGISTRA 2 8 1969	RS SIGNATURE

0 1	tems 18&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH 5-2-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	14447 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0444	1
HEALTH DEPT	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year	
₩ £ \$ \$ \$	(Type or Print)	1:00anw
	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years   1F UNDER 1 YEAR   F UNDER 24 HRS   2C DATE PRONOUNCED DEAD	2d HOUR
ny deloy 2, ond 3 PM3. Po partmon	Male White 4-15-1909 lest birthdey) MONTHS DAYS HOURS MAN MONTH 3 DOY 69'eor 197	7:44am M
	70 BIRTHPLACE (Stole or foreign 76, CHIZEN OF WHAT COUNTRY? R MARRIED NEVER MARRIED NEVER MARRIED 1, 9 COUNTY OF DEATH	
form te D	Wash, D. C. USA WIDOWED DIVORCED Prince George's	Md
ofter deoth ony de 8. Give Poges 1, 2, ond olang with farm PM3. with the Stote Departm	IT NAME OF HOSTING OF HOSTING OF HOSTING OF HOSPING OF	BUSINESS OR
ofter deotr	Cheverly   give street address   during mast of working life, even if retired   IND_STRY   Prince George Hospital   Residence before   130 USUAL RESIDENCE (Where deceased lived, if ast station, Residence before   130 USUAL RESIDENCE (Where deceased lived, if ast station, Residence before   130 USUAL RESIDENCE (Where deceased lived, if ast station, Residence before   130 USUAL RESIDENCE (Where deceased lived, if ast station, Residence before   130 USUAL RESIDENCE (UMISS)   13e STREET AND NUMBER	
s ofter 18. Gr. olang	Admiration CTATE 12h COUNTY	
tem 1	Naryland Hrince George's Hyattsville YES NO 6304 20th. Avenue	Lost
24 hours ofter din tem 18. Give r's coffice olang were 1 and of the r's after. death	Hugh M. Snellings Mary Armstrong	.031
	16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
with pen ami	(Yes, no, or unknown) (d yes give wor or dotes of service) Dorothy Ann Snellings Same A #13	
This certificate should be executed within cate, writing the word 'pending' in penal be forwarded to the Chief Medical Examine be used as a burial-transit permit. File pagar removal, and in ony event within 72 hour	1 IS CAUSE OF BEATH [Enter only one couse per sine for (0), [0], and (0)]	NATE INTERVAL NSET AND DEATH
erut ingʻ ingʻ ermi witl	PART DEATH WAS CAUSED BY Alcoholism and exposure to cold	
f Ment	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove )	
d be d 'r Chie chie rrans	rise to immediate cause (a).	
should be en word per in the Chief in ony everill in ony ever	storing the underlying cause DUE IO, DR AS A CONSEQUENCE OF	
te sho the w d to th a buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate litate, writing this be forwarded to do be used as a borr removal, and		
verification or word mova	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTO YES 21d. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)	PSY?
his date, of for the formula f	WAS PERFORMED? YES	NO □
MINER: This the certificate, a should be four files.  e 3 should be urifies.		
INER: Te certific should b files. 3 should	PRIMARY □ OR CONTRIBUTING □ HOUR A.M.    CAUSE OF DEATH P.M. 19   21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (sty or Town County)	Stote
	WHILE AT WORK	21016
DEPUTY Cessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eight prior to buriol, cremental prior to burior to bur		my opinion
CAL exe exe de fe 30 fe	deoth resulted from: Notural eques Acciden , Suicide , Homicide Undetermined monner	my opinion
please exploration of the please exploration	CHIEF MEDICAL EXAMINER	
Try y, please rral direct se retain (AL DIREC prior to	SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
Sory, uneral y be VERAL	EXAMINER'S John Kenoe MD / Riverdale, Md. DEPLTY MEDICAL EXAMINER X 3-3-69	
	NAME (Type)  ADDRESS(Street, city, town, or county)	
01 m ± 20 m	230 BUR AL, CREMAT ON 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County)  Burial 3-6-69 Cedar Hill Competers  County	(Stote)
	Burial 3-6-69 Cedar Hill Cemetery Sultiand Prince George 24. FUNERA. DIRECTOR ROBERT E. Wilhelm Funerally Home 250. RECU BY REG STRAR 250 REGISTRAR 250 REGI	-3 -71
VR A15ME (5)	4308 Suitland Road, Suitland, Maryland	ege.



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	04448 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	442
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2a DATE KNOWN For Month Day	Year 2b HOUR
oy is 3 to Acage	Clarence Snowden DEATH MATED 3-17-69	199:30amM
e e	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years 15 UNDER 1 YEAR 15 UNDER 24 HRS 2C DATE PRONOUNCED DEAD 1011 bin1bday) MONTHS DAYS MOURS MIN Month Day y	24 HULL
ny deloy	Male   Negro   12-16-1914   54 YRS       3   17   69	19 9:BOamM
	76 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   Prince George to	
ages of for	J. J	Md and of Business or
or death and with for the state	give street oddress) during most of working if a even if retired ) INDUS	TRY .
Give Poges ong with for	Cheverly Prince George Hospital About A STATE TAND NUMBER 13a USJAL RESIDENCE (Where deceased lyded, if institution Residence before 13c CTY OR TOWN 13d MISDE CITY (MM 157 13e STREET AND NUMBER 13d MISDE CITY (MM 157 13e MISDE CITY (MM 1	
2 with	Naryland Prince George's Glen Dale YES NO Box 54, Brookland	Road
hours of frem 18 Office old Tond 2 with	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
24 + 12 + 12 + 12 + 12 + 12 + 12 + 12 +	Noble Growden Ida Munnay	
MINER: This certificate should be executed within 24 hours ofter death the certificate, writing the word "pending" in pencil in 18 Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form tiles.  In tiles.  In Should be used as a buriol-transit permit. File pages I and 2 with the same as should be used and in any event within 72 hours ofter death.	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (It yes give wggrordotes of service)  ADDRESS	1
with personal properties and personal p	(Tes, no, or unknown) (Hyas give wag or dotes of sance) Mas Blanche Waganen Glen Drile	APPROXIMATE INTERVAL
rited out of the column of the	PAPT LINEATH DAY (AUSER) BY	BETWEEN ONSET AND DEATH
xecu Iding Medi pern t wi	IMMEDIATE CAUSE (a) Gun shot wound of abdomen  DUE TO, OR AS A CONSEQUENCE OF	
oe e ief / ief /	Conditions, if ony, which gove	
Pro Ch	rise to immediate cause (a), (D) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shore e wro the unrio	last   (c)	
ICAL EXAMINER: This certificate should be executed with execute the certificate, writing the word "pending" in perform Poge 4 should be forwarded to the Chief Medical Examed for your files.  CTOR: Page 3 should be used as buriol-transit permit. File buriol, cremation, or removal, and in any event within 72	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tifica arde d os /al,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	An allegania
C mo use	WAS PERFORMED?	20. AUTOPSY?  YES NO 🔀
Thus icate be be d be	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.	
rerif certif ould les. should iion,	PRIMARY A OR CONTRIBUTING HOUR AM  CAUSE OF DEATH  5:00 pm/M. 2-16- 19 69 Shot during altercation  2 1d NJURY OCCURRED 12 is PLACE OF IN ARY (At home, form, street). 21t OCATION Street or R.E.D. No. (ity or Yown Col.)	ſ
sho sho sho ash		nty Stote
se execute the certical properties. See execute the certical properties.	MINISE MOT WHILE BOX 275, Brookland Road Glen Dale, Prince George County, A Box 275, Brookland Road Glen Dale, Prince George County, A	Maryland
AL EXA execute or Poge of for you for: Page uniol, cre	22a   certify that   took charge of the remains described above, held on Autopsy, Inspection [X], Inquiry,	and in my opinion
DEPUTY SICA necessory, please extra funeral director 5 may be retained 5 puneral DIRECTOR Health prior to bur	death resulted fram: Natural cooses , Accident Suicide , Hamicide 🔀, Undetermined manner	
please i direction retaine	ACTUAL CHIEF MEDICAL EXAMINER C	
JTY TY, I eral be r RAL prid	SIGNATURE	
o DEPUTY necessory, the funera 5 may be 0 FUNERAL Health pri	PARTITION ADDRESS AND ADDRESS	9
To DEPUTY StCAL EXAMINATES of the the funeral director Page 4 st 5 may be retained for your fit To FUNERAL DIRECTOR: Page 3. Health prior to buriol, creman	NAME (TYPE) John Kehoe MD Riverdale Md. ADDRESS(STEET, CITY, TOWN, OF COUNTY)  230 BURNAU REMAI DN. 231 DATE 232 NAME DF CEMETERY DR CREMATORY 23d OCATION (City or Town) (County)	ty) (State)
	13 20 Drook and Rd Cem Olen Shie hold	ro, Md.
	24 FUNERAL DIRECTOR 1 3 W 13 Shington address 250 RECO BY REGISTRAR 256 REGISTRARS SIGNAT	
VR A15ME (5)	4925 Depur Bur N. 1= Wash DC DATEMAR 24 1869 Cleanley	Judge.



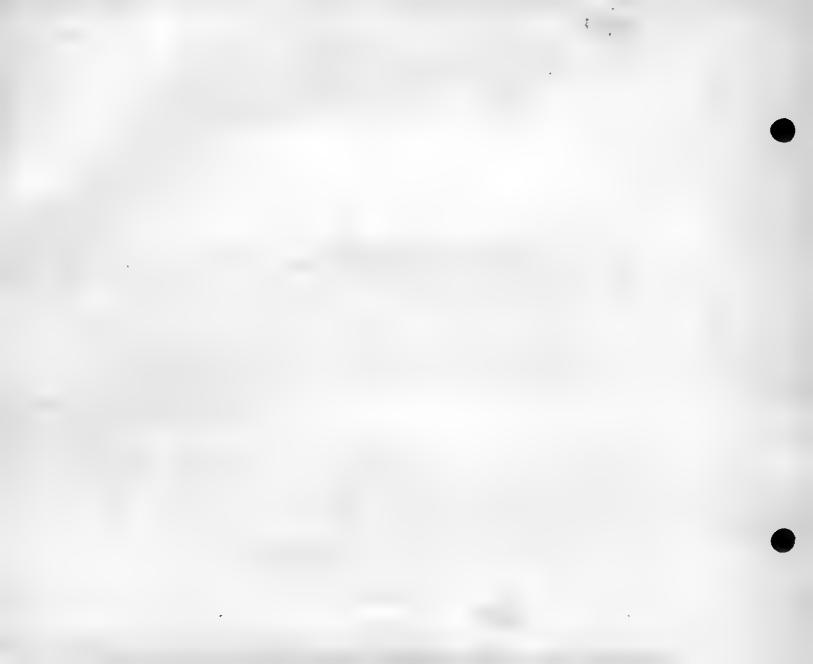
MAKTLAND STATE DEPARTMENT OF HEALTH

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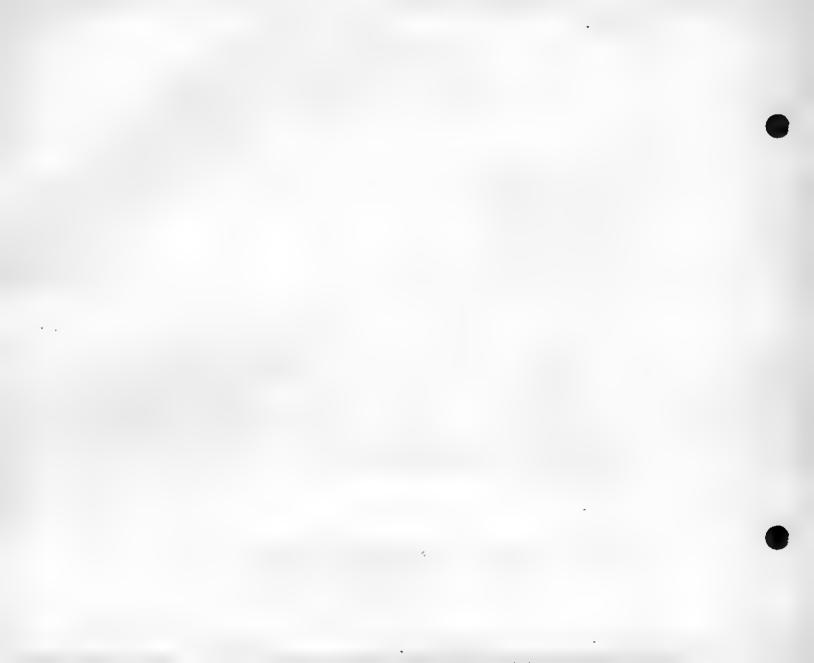
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		MARTLAND STATE DEFARIMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	
1		CERTIFICATE OF DEATH	04445
₹ (=Z €		DECEASED NAME First Middle Last 2a DATE OF DEATH	2b. HOUR
\$ 1 \$ 1 \$ 1 \$ E	1	Type or print) Henrietta C. Stuart Marc	onth Day Year 35 am
学「天」	3. 5	EX 4. RACE S. DATE OF BIRTH 6 AG	(In yours Funder I YEAR IF UNDER 24 HRS.
The second secon		For: 21-1875 lost	bribday) YRS MONTHS DAYS HOURS MIN
hours in by the hours hours	70	BIRTHPLACE (State or foreign 76 CT ZEN OF WHAT COUNTRY? 8 MARRIED _ NEVER MARRIED _ 9. COUNTY OF DEATH	
4 hour d in by pers. P	COU	MAKKED DER MAKKED DIVORCED Prince	GOODS e. Md
hin 24 fiiled pape thin 72	10	CATY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of	
na completely filed in remove carbon paper nany event, within 72		Hatsville give street address) It Dusing Home most at working life, ev	en if retired.) [INDUSTRY
scuted with completely sove carbon y event, wi	13a adm	LS_AL RESIDENCE (Where deceased lived, if institution and Residence before 3c CITY OR TOWN 3d NSDE CTY LIMITS 13e STREET AN ISSUE CTY LIMITS 13e STREET AN YES NO YES NO	ID NUMBER
TO DE COLO	14	W851 3 7 7 310 /	Wist SE
equires that the death certificate be-exec physicion. signed by the attending physician and co burial-transit permit. Then please, remo burial, cremation, or removal, and in any		FATHER'S NAME First Middle Last Is MOTHER'S MA DEN NAME First	Middle 12 Last
and ond	16a	WAS DECEASED EVER IN U.S. ARMINI FORCES?   168. SOCIAL SECURITY NO   7 INFORMANT	Address
ertificate be physician a nen please, tovol, and tr		(es, na, ar unknown) 1 tyes give which do so of service) 578-05-5347-0 VC 200 C A KEIL 19	18-23- 11 DElien
cert g pl		18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c))	APPROX MATE NTERVAL
re deoth cer offending p permit. The		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
dec dec rimi		IMMEDIATE CAUSE (0)	- Than
he a pe a		OUE TO, OR AS A CONSEQUENCE OF	
of the		rise to mmediate couse (a), (b)	506. Apr
the tropic of th		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
quires that the physicion. signed by the burial-transit burial, cremat		(1)	
requestion of polymers of poly		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	₹ 1(0)
ding ding seer the	NO	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? 120b IF YES W	The Full was considered in senting the
The la attent hos to se as high price	CERTIFICATION	CANCEL OF NE	ERE FINDINGS CONSIDERED IN CERTIFYING ATH?
e had a see had	ERT	TES NUME	
al al affort		OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	st 1 or Part 2, Item 1B.)
Spirit sp	MEDICAL	(If either, natify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely finled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filled with the State Dept.		2 d INJURY OCCURRED While Not while at work at work at work at work.  2 d INJURY OCCURRED VALUE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. Entry or Town	n County State
ING Dy t Ter De o tate		22a   certify that (1) (thrs-hospital) attended the deceased fram & 3 1964, to 3 1	6 , 19 6.9 , that (1) (we) lost
ND ND Sd th		saw the deceased alive on 3-13-1969, and that in (my) (our) opinion deoth accurre	ed on the dote and hour and from the
ding So Do of the state of the		couses stated above, (I) (we) (did) (did not) view the body after death.	
RECT Wild Wild Wild Wild Wild Wild Wild Wild		226 SIGNATURE  DEGREE ATTENDING MED DIRECTOR PHYS  DIRECTOR PHYS	22c DATE SIGNED
V be y be gode		22d. PHYSICIANS  DEGREE PHYS  DIRECTOR PHYS  22e. ADDRESS	3/1/69
TO HOSPITAL Page 4 may b TO FUNERAL D director, page should be file		NAME (Type) R.S. WILL (2195) 35 NEW VO.	RN ATT NW.
HOS Je 4 Jun Pecto	23 a.	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City	ar Tawn) (Caunty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	K	3-18-1969 Sleme wood MAN 1	.0.0.
	24	EUNERAL DIRECTOR ADDRESS GLADING LINEY 250 REED BY REGISTRAR 258	REGISTRAR'S SIGNATURE
VR A15 (4) 45M 1/69	K	. It Illullingly 31-1/1/1 SIS & DATMAR 2 0 1969	Believeles Jugge



- 1	MARILAND SIAIC DEFARIMENT OF REALIN	0 * • •
1   1	DA452  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	04446
	VIII - V	
	EASED-NAME First M.ddle SUIDITEK 2a. DATE OF DEATH Month Doy	Yeor 7 A M
3. SEX	3. Diffe of Digital	UNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
7a Bli	RTHPLACE (Stote or Topeign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED FINEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED 9 COUNTY OF DEATH WIDOWED DIVORCED 100 C 5 6 5	3,655 Md.
10 CI	Y OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work done during most of work not like, even if refused)	126 KIND OF BUSINESS OR INDUSTRY
	SUAL RESIDENCE (Where deceased lived it institution Residence before 13c CITY OR TOWN 13d INSIDE CITYLIMITS) 13e STREET AND NUMBER 13k 500NIV	57
	THER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Stanley Wisniewski Rose M. Fabizeski	Lost
	NAS DECEASED, EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO. 17 INFORMANT Theodore Sviontek  Address	
	O CALLE OF DEATH (C	APPROX,MATE INTERVA.
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY.  MIMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF	4 urs
	nse to immediate cause (a),	-
	ost. (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	\-	
NO 1	90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
CERTIFICAT	YESTE NO CAUSES OF DEATH?	
	PTO ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	m 18.)
	□ OR CONTRIBUTING □ CAUSE OF DEATH  If either, natify medical examiner)  P.M. 19	
$\mathbf{I}$	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town While Not while of work at work	Caunty State
		, that (1) (we) last
	22a. I certify that (1) (this hospital) attended the deceased from	ond hour and from the
	ATTENDING - MED - STATE - IV	TE SIGNED
	DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS	marlo
	PHYSICIANS / JOHNS / J	<u> </u>
230	BUR AL, CREMATION, 23d DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Spec fy) 3/19/69 Arlington National Arlington, Virgi	(Eaunty) (State)
]		
24R	UNERAL DIRECTOR Wilhelm Funeral Home 250. RECD BY REGISTRAR 250. REGISTRAR'S SI MAR 2 6 1969 P. Z.	
43	308 Suitland Road, Suitland, Md. 20023 DATE MAR 2 6 1969 P.Z.	las l



1 1 1 %	2253		S, 301 W. PRESTON STREET, BA		
	4400		CERTIFICATE OF DEATI		04447
I. DECEASED (Type or  3. SEX  Ma  70 BIRTHPL country) 10 CITY OR  Chev 130 USLAL odmission)  14. FATHER: Edv 160 WAS C VES BD.  18 COndit nise to stoting lost. PART  NOUNT 190 DA  190 DA  210. A  220. 220. SI  220. P		Middle	Lost	20. DATE OF DEATH	Y Yeor 2b. HOUR
(1 ype or	Adr	ian P	Swann	March 24.	1969 1:10 M
3. SFX		4 RACE	S DATE OF BIRTH	6. AGE (In years last birthday)	FUNDER I YEAR IF UNDER 24 HRS.
Ma		White	Feb 27th	1894 <b>75</b> YRS	MONTHS DAYS HOURS MIN
70 BIRTHPL	ACE (State or foreign 7	'b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	aryland	U.S.A.	WIDOWED DIVORCED	Prince George's	Md
. 10 CITY OR Chev	TOWN OF DEATH	11 NAME OF HOSPITAL OR give street oddress) Prince Geo.	INSTITUTION (If not in hospitol 120 U	ISUAL OCCUPATION (Kind of work done I most of working life, even if relifed)	12b. KIND OF BUSINESS OR INDUSTRY
130 USLAL	RESIDENCE (Where deceased	lived, if institution. Residence before	1	THE STREET THE PROPERTY	
odmission)	Maryland	Prince George's	Cheverly YES 💢	NO□ 1724 64th Av	enue
14. FATHER		Middle Lost	15 MOTHER'S MAIDEN NAM		Lost
	ard	H Swann	Laura		odrich
16e WAS D	ECEASED EVER IN U.S. ARMET or unknown)   61 yes give wor	D FORCES? 16b. SOCIAL SECURIT		3706 - Address F	
X62.			Ethel Tinds	or Annandale,	
18 C/	ART I. DEATH WAS CAUSED I	one couse per ne for (o), (b), ond if Ruptured  DUE TO, OR AS A CONSEQUENCE (	arteriosclerotic a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ons, if ony, which gove	(b)	retroperitoneal		
	immediate couse (a), { the underlying couse(	DUE TO, OR AS A CONSEQUENCE O			
last.		(c)			
	2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (	OR CONDITION GIVEN IN PART I(0)	
190 D/	TE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
710. A			YES 🔀 NO	CAUSES OF DEATH?	
₹ DORG	CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH LET, NOTIFY MEDICAL EXOMINES	216 TIME OF INJURY HOUR A.M. Month Doy Yes	21c. HOW INJURY OCCURRED (F	nter noture of injury in Port 1 or Port 2,	Item 18)
While at work	NJURY OCCURRED 21e. PL Not while of work	ACE OF INJURY ( AT HOME FARM, STREET OFF-CE BUILDING, ETC.	FACTORY.) 21f LOCATION Street or R.F.D.		County State
	causes stated above, (	hospital) attended the deced ye an 3 - 17 6 7 (I) (we) (did nat) view th	sed fram, 19 , and that in (my) (aur) of e bady after death.	ppinian death accurred an the do	69_, that (I) (we) last are and hour and fram the
	GNATURE	Walsh	7 DEGREE PHYS	MED STAFF 22c	PATE SIGNED 59
22d. P	HYSICIAN S AME (Type) O, SA	HAKIAN	22e ADDRESS 600/	andown Rd.	Cliever & MC
BREMON	-41-1	18-1959   23c NAME C Port	ECEMETERY OR CREMATORY Lincoln	23d LOCATION (City of Town)	
24 FUNGRA	lles Ou 1-	31-1176 ST-	D.C. DARAR	D BY REGISTRAR S 25b REGISTRAR S	SIGNATURE



- 1 2	6	MARYLAND STATE DEPARTMENT OF HEALTH	
COD STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04448
FOR STATE HEALTH_DEPT.	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED-NAME First Middle Lost To DATE KNOWNEST Month	6 W Islandin
		(Type or Print)	
S C C C C C C C C C C C C C C C C C C C	2.6	John Thomas Sweeney DEATH MATED 3-7-6	
3 3 4	3 \$	lost birthdey) MONTHS DAYS HOURS M.N. March	2d. HOUR
And deloy	M	Male   White   1-19-1918   51 YRS   3 7'	69 year 19 10 : 02amm
	/a cour	BIRTHP.ACE (State or foreign   7b. CIT.ZEN OF WHAT COUNTRY?   B MARRIED NEVER MARRIED   9. COUNTY OF DEATH   U.S. A. WIDOWED   DIVORCED   Project of Country of Death	
		Frince George's	Md.
EAL EXAMINER: This certificate should be executed within 24 hours ofter deoth execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges or Page 4 should be forwarded to the Chief Medical Examinm's Office along with 6 for your files.  TOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the State puriol, cremation, or removal, and in any event within 72 hours ofter death.		City OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  Cheverly  Prince George Hospital  12a USUAL OCCUPATION (Kind of work done during mast of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
fter ong	13 a	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER	
2 w 2 w	M	Prince George's Suitland YES NO 4232 Suitland	Road
hin 24 hours ofter ncil in Item 18. Giv nin≡'s Office olong pages I and 2 with hours ofter death.	14, 8	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 F 2 C S C S C S C S C S C S C S C S C S C		John T. Sweeney Eva 'Ia	rmaduke
in i	160.	I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
I with n pen Exomi File p	- (1	(Yes no ar unknown) Silver war doing district 1573 10 9914 Anne K. Sweency Jame as	13 abole
ICAL EXAMINER: This certificate should be executed with execute the certificate, writing the word "pending" in perform Page 4 should be forwarded to the Chief Medical Examed for your files.  CTOR: Page 3 should be used as a buriol-transit permit. File buriol, cremation, ar removal, and in any event within 72.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
cufe dica dica		PART I. DEATH WAS CAUSED BY Heart failure	
Me Me		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
be "pe "pe iief insit		Canditions, if any, which gave (b)	
Par de la company de la compan		nse to Immediate cause (a), (Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
the the thou		lost.	
INER: This certificate should be executed be extertificate, writing the word "pending" is should be forwarded to the Chief Medical files.  3 should be used as a buriol-transit permit. nation, ar removal, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
fica ing ing dec os	-	Diabetes - over 6 months	
writ wall sed ova	4TIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
is c for for	TEIC	WAS PERFORMED?	YES NO 🔀
find find find find find find find find	MEDICAL CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, In	em 18 }
NER: e certi should files. 3 shou ation,	ICAL	PRIMARY _ GR CONTRIBUTING _ HOUR A.M  CAUSE OF DEATH P.M 19	
3 Slatition	MEC	210 TOTAL OF HOURS (A HOURS, MITS, STEEL,	County State
Crer		WHILE NOT WHILE of factory, office building, etc.)  AT WORK AT WORK	
DEPUTY  Incessory, please execute the certifuence director. Page 4 should may be retained for your files.  FUNERAL DIRECTOR: Page 3 should be prior to buriol, cremation,		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection K. Inquiry	, and in my apinian
CA CAL		death resulted from Natural zauses [2], Acadent [], Suicide [], Homicide [], Undetermined monner	
ITY please e erol director be retained prior to bu		CHIEF MED CAL EXAMINER	
y, pleose erol direction to prior to		ACTUAL 22h DATE	SIGNED
E Se		SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S  DEPUTY MEDICAL EXAMINER	3-7-69
o DEPUTY DICA necessory, pleose extha funeral director. 5 may be retained o FUNERAL DIRECTO Health prior to burn		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
TO DEPU necessor the fune 5 may b TO FUNER	230	a BUR AL CREMATION, / 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
	Y	3-10-1969 Co 10-1 N' 60	P. Haled
	24	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250 REG STRAR 5	SIGNATURE
VR A15ME (5)	1	Toke of 4 Mattingly 13 5 7 0 MAR 1 1 1969 yourse	3 Judges
M	lame.		<del>"</del>

MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04450 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME Sust MIDDLE Mulado LAST FIRST Last # 20 DATE KNOWN Month (Type or Print) Cleveland Thomas 169 Grover PM3 Poge DEATH MATED ny delay 2, ond 3 t with the State Department 3 SEX 4 RACE S DATE OF BIRTH 6 AGE | p years IF HNDER . YEAR IF HINDER 24 HRS 2c DATE PRONOLINCED DEAD Ooy 7 1. 30 April 1921 W 7o BIRTHP ACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ OIVORCED [ Prince George in Item, 18. Give Pages 10. CITY OR TOWN OF GEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital be executed within 24 hours ofter death 12a JSBAL OCCUPATION (Kind of work done 126 KINO OF BUSINESS OR olong with during most of working life, even it settred.) give street address) Cheverly Prince George Hosp 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CTY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTOrince George Huattsvillers Now 75th Ave.. ofter 14 FATHER'S NAME First M₁ddie 15. MOTHER S. MAJDEN, NAME Мідана UNKNOW poges hours pencil 160 WAS DECEASED EVER IN 11 S. ARMED EORCES? 17, INFORMANT **ADDRESS** PATRICIA HESI/IL-L <u>e</u> within 1B. CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c) TAJO ONA TIZHO HIJWTEB PART I. DEATH WAS CAUSED BY. Heart failure pending IMMEDIATE CAUSE (O). QUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Canditions, if any, which gave 3 yrs. rise to immediate cause (a), This certificate should writing the word QUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse C. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 used 19a DATE OF OPERATION 19b. COND T ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🔲 NO CX 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN, JRY (At hame, farm, street, 21f LOCATION Street or R.F.O. No. City or Town County State factory, office building, etc.) AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry and in my opinion deoth resulted fram: Notural couses Accident [ Suicide I Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNEO ASSISTANT MEDICAL EXAMINER the funerof SIGNATURE O DEPUT DEPLITY MEDICAL EXAMINER moy **EXAMINER'S** Kehoe, M.D., Riverdale TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23a BUR AL CREMAT ON 23d LOCATION (City or Town 25a REC D BY REGISTRAR VR A15ME (5)

J IndiW .

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	{	04458 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04452
•	Ιt	eml FilmG411 4/2/69 kk CERTIFICATE OF DEATH
	1 09	(CEASED-NAME SPECIAL WEIR THOMPSON, JR Lost 20. DATE OF DEATH 25, Doyl 969 Year 605 P M
s affection of the state of the	3. SE	
d'in by seers p	7o E cour	WIDOWED DIVORCED TINTING GEORGES COUNTY, Md.
vithin and the son partition of the son partition partition partition partition partition within the son partition of the son partition	ANE	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a USUAL OCCUPATION (Kind of work done during input of implants)  13b, Kind of Business or including input of implants of including input of input of input of input of including input of
omplete	13o. admi	USUAL RESIDENCE (Where deceased lived, if institution, Residence before SUITLAND 3d JASIDE CITY LAMITS? 13e STREET AND NUMBER SSION) STATE MD PRIME GEORGES SUITLAND YES 1 NO 3225 SWANN ROAD
be exe	14. 8	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last NANCY WILMUTH POINDEXTER
rificate hysicion n pleos vol, and	16o. Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  estyre Grunknown) (It yes give wor or dotes of service)  16b. SOCIAL SECURITY NO.  167-07-8297 MRS JAMES FRIMMEL 5217 12th St., No., Arlington
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hosts affec death.  Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timesol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 7 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death		APPROX MATE INTERVAL  BETWEEN ONSE AND OLATH  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), starting the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART I(a)
ATTENDING PHYSICIAN: The law restained by the hospital or attending CTOR: After this certificate has been should be detached for use as the lith the State Dept. of Health prior to be the state Dept.	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
SICIAN: spital or entificate ed for u	IED CA. CE	216 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   P.M.   19.   21d INJURY OCCURRED   21e, P.ACE OF INJURY (AT HOME FARM, STREET, FACTORY.)   2 f LOCATION Street or R.F.D. No. (ity or Town County State
IG PHY the ho rr this c detach		While the two two trials at work to the two trials are two two trials at work to the two trials are two two trials are the trials are two trials are the tri
TENDIN ined by OR: Afte ould be the Sto		22a. I certify that (1) (this hospital) attended the deceased from 24 mod, 1997, to 25 mod 1969, that (1) (we) lost sow the deceased alive on 25 mod 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
OR AT be retained by the control of		226 SIGNATURE DEGREE ATTENDING DIRECTOR STAFF 220 DATE SIGNED 25 Transl 69
O HOSPITAL Page 4 may   O FUNERAL director, pag should be file		PAME (Type) JAMES E WILLARD MALCOLM GROW USAF HOSPITAL
Page Page TO FUN direct shoul		BURIA, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  RMOVA (Specify) 3/28/69 Arlington National Arlington, Virginia  EUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1/68	24.	EUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 4308 Suitland Rd. S.E. Suitland Md. 2002BDAAPR 2 1969  Clearly Quelec

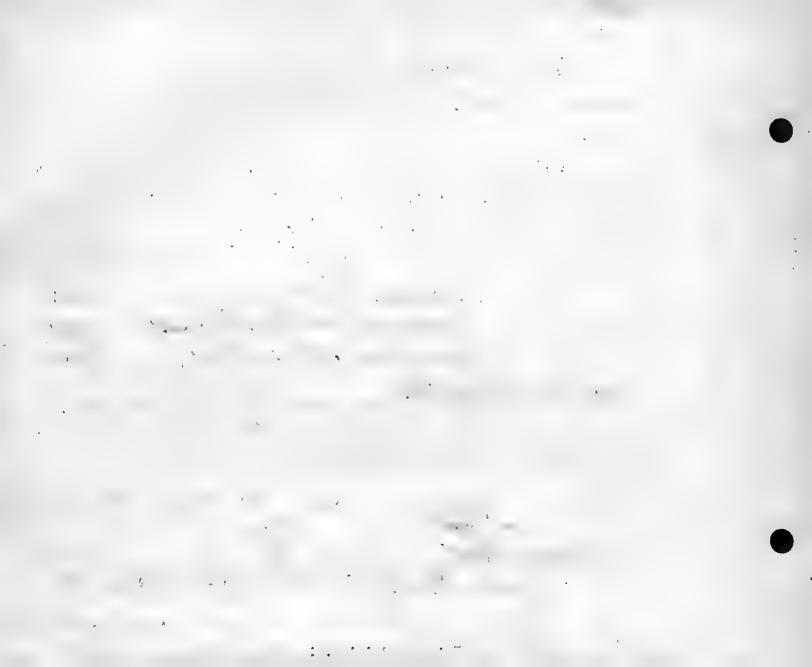




1	- B B G G		ND STATE DEPARTMENT . 301 W. PRESTON STREET.	BALTIMORE, MARYLAND 21201	
L	04460		CERTIFICATE OF DEA		04454
georn.	DECEASED NAME (Type or print)	Josephine M.	lost Ward	20. DATE OF DEATH  Month  13  Day	69 12:40a M
	Female	4. RACE White	5. DATE OF BIRTH 7 6-12-7	6 AGE (In years last birtheau)	FUNDER LYEAR FUNDER 24 HRS. HOURS HOURS MIN
70	o BIRTHPLACE (State or fore or during reland	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED		Wd
3	Riverdale	give street address) Eugene Lel	and Memorial	a USUAL OCCUPATION (Kind of work dane ring mass of work and the reven if retired )	12b KIND OF BUSINESS OR INDUSTRY
90	dmission) STATE Maryland 20	deceased lived if institution Residence before 769 Prince Georg	GlennDale YES	Gienn Dale	Rd.
/ 14	FATHER'S NAME First	Middle Last	15 MOTHER'S MA DEN 1	NAME First Middle	Last
16	Samu- 60. WAS DECEASED EVER IN U. <b>116</b> 0, ar unknown)   (If y	S. ARMED FORCES? 16b SOCIAL SECURITY of service)	NO 17 INFORMANT	Address	Paxton
burlal, cremarian, ar removal, and in any event,	Conditions, if ony, which rise to immediate coust storing the underlying clost.	DUE TO, OR AS A CONSEQUENCE O	CEREBROVASC GEN. ARTERIO	ULAR INSUFFICIONS	BETWEEN ONSET AND DEATH
X 180 MONTH COMMON COMM	190 DATE OF OPERATION 210. ACCIDENT WAS UND	196 CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200. AUTOPSY? YES	20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?	NSIDERED IN CERTIFYING
ASSOCIATION CO	The contributing cause (If either, notify medical	DE OEATH HOUR A.M Month Day Year P.M	19	(Enter nature of injury in Part 1 or Part 2, Ite	em 18.)
2	While Not while at wark	21e PLACE OF INJURY (AT HOME FARM STREET, FOFFICE BUILDING, ETC.			County State
	22a. I certify that ( saw the deceas causes stated o	l) (this hospital) attended the decea ed alive on 12 MAR 34 ibove, (1) (we) (dig) (did not) view the	sed from 10 FEB 19 69, and that in (my) (ou body after death.	, 19 <u>69</u> , ta <u>13 MARY</u> , 19 cir) apinion death occurred an the data	69, that (I) (we) last e ond hour and fram the
	22b. SIGNATURE	) Houmann	DEGREE PHYS	MED STAFF 22c DA	TE SIGNED 3 MARCH 69
7	NAME (Type)	2. J. HOUMANN	M.O.	RIVERDALE 1	n)
	BUT AL CREMATION, BUT TAKES DE CITY)	3/17/69 Ft.Li	cemetery or crematory	Colmar Manor,	
	Home Inc.	lley's Funeral ADDRES	aryland DATE	MAR 1 8 1969 REGISTRAR'S S	Vin Jonge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04455 Itemll FilmCulo 3/14/69 kk CERTIFICATE OF DEATH DECEASED NAME Eirst Middle Last 2a DATE OF DEATH 2b. HOUR death. 24 havrs after death oneral ond (Type or print) Month 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JADER YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS AUGUSTA HOURS 70 BIRTHPLACE (State at foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED campletety-filled in Georges derban papers WIDOWED 5 DIVORCED burial, cremation, ar remaval, and in any event, withward 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUA: OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR yathın give street address) during most of working I fe eventificatived) INDUSTRY House 13c CITY OR TOWN 13e, STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIM TS? requires that the death certificate be executed GLEN BALE YES 😿 NO DAISY attending physician and camp permit. Then please remave 14 FATHER'S NAME Middle IS MOTHERS MAIDEN NAME FIRST Middle First Lost Last MO W 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMAN' BRO-IN-LAW Address Yes, no or unknown) (If yes give war or dates of service) -3900 AURENOE MR. APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line jet (o), (b), and (c).) BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF signed by the bur al-transit p Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE Page 4 may be retained by the haspital or attending physician stoting the underlying couse; lest. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20c. AUTOPSY? CAUSES OF DEATH? NO V YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAL OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Manth Day Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram. \_\_19 , and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive an\_ view the bady after death. causes stated above, (I) (was) (did) ( 22b. SIGNATURE STAFF ATTENDING DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN S 220. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVA (Specify) BURTAT PR TNOT /6/1969 T.TNCOT.N FUNERAL DIRECTOR ~ ADDRESS 2Sa REC'D BY REGISTRAR 2Sb YSONG'S FUNERAL 1969 30M REV



04462	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH		01150
1. DECEASED-NAME First	garet Jane	Weber	2a. DATE OF DEATH  March Month 1St	04456 2b. HOUR 1769 10 PM
3 SEX Female	4. RACE White	5. DATE OF BIRTH August 11	1376 6 AGE (In years last birthday) 92 YRS	F JNOER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign country) Missouri	76. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	Prince George	Md
10. CITY OR TOWN OF DEATH OXON HILL	11 NAME OF HOSPITAL OR INS give street address) 2237 Owon	Road during r	JAL OCCUPATION (Kind of work done nost of working life, even if retired) ONE	125. KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where decease admission) STATE Mary Lar	ed lived, if institution Residence before 1936. COUNTY Pr 400		10 2237 Oren 1	Road
14. FATHER'S NAME Patricl	Middle Walsh	15 MOTHER'S MAIDEN NAME		Last
160. WAS DECEASED EVER IN U.S. ARM Yes, ng, or unknown) ("f yes give with	ED FORCES? pr or dates of service) 16b SOCIAL SECURITY N	o. 17 informant anley	'eber Came's as	S 13 ATOTE
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CON	TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NO			ANSIDERED BY CENTERING
KI SI	CONDITION FOR WHICH OPERATION WAS PE	YES 🔲 NO 🗆	<del>-</del>	
GOR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year		er nature of injury in Port 1 or Part 2, l a. City or Tawn	County State
220. I certify that (1) (thi	s haspital) attended the decease ive an l	pady after death.	pinion death occurred an the da	te and haur and from the
22d. PHYSICIAN'S NAME (Type)	nn 76 Raedy	DEGREE ATTENDING PHYS.  22e. ADDRESS	MED STAFF DIRECTOR DHYS D	5.5
23a BURIAL, CREMATION, SEMOTIAL (Specify)	rch 7 1896	cemetery or crematory Coly Cross	23d LOCATION (Crty or Town) San Antonio,	
24. EUNERAL DIRECTOR  John M. Ma	* ADDRESS	126 KX DE 250 RECO	BY REGISTRAR 25b REGISTRAR'S	SIGNATURE

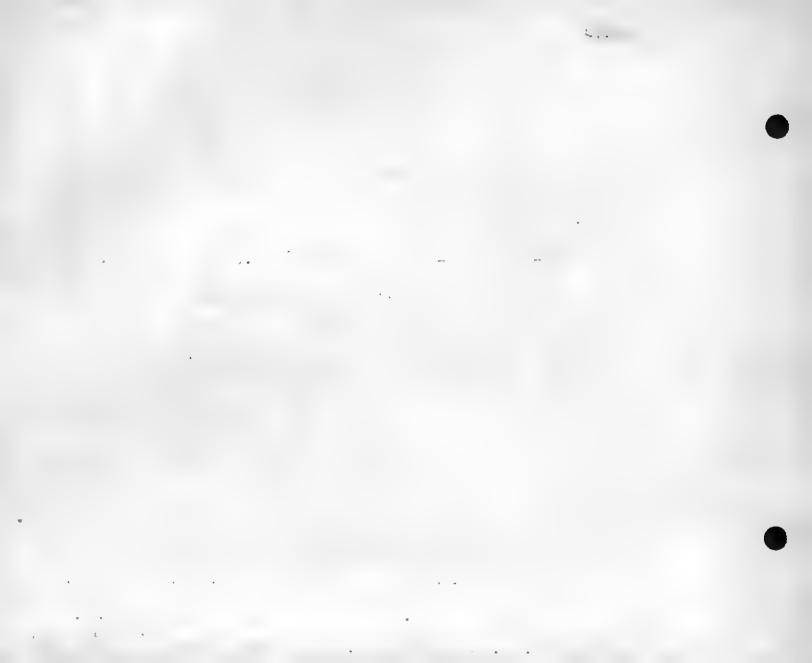


		MAKT	TAND STATE DEPARTMENT OF I	HEALIH	
1	04463	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	04457
	03308		CERTIFICATE OF DEATH		04401
TAN:	1. DECEASED-NAME	First Middle	Last	20. DATE OF DEATH	2b. HOUR
<b>3 6 6</b>	(Type or print)	MARY E	WEDER	Manth Day	Year
	3. SEX	4. RACE		1) 198ch 31	19"6-1 10.15A
the fages	Famale		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Page Page Is a			2-25-188	3 84 YRS	
Jour de la	7o. BIRTHPLACE (State or country)		8 MARRIED   NEVER MARRIED	9 COUNTY OF DEATH	
d ir d 72	VIRGIN	0,=		TRINCE STORE	SE_ Mc
file Britin	IO. CITY OR TOWN OF DE	ATH 11. NAME OF HOSPITAL	OR INSTITUTION (If not in hospital 12a, USU	AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ted within 24 hours after pletely filled in by the fucorbon papers. Pages I yent, within 72 hours after	togestu.	F 742011/ac	recognitives, we cante during m	last of warking life, even it refired )	INDUSTRY
d v	130 USUAL RESIDENCE (W	there deceased ved, if institution Residence b	efore 13c CITY OR TOWN 13d INSIDE CITY I	IMITS? 13e STREET AND NUMBER	
ecyted within 24 hours completely filled in by ove corbon popers. P	(admission) STATE	Peyland, 136 COUNTY PRINCE (SE	0248 MARLOW HOAS YES N	00 3202 Cuet,	s DRIOZ
	14 FATHER'S NAME	First Middle L	ast IS. MOTHER'S MAIDEN NAME		Lost
and and in on	William	Planto	~ Ilmk.		
n d so	160, WAS DECEASED EVER	IN U.S. ARMED FORCES? 166. SOCIAL SEC		Address	
physicion physicion en plose ovol, and	Yes, na, ar unknawn)	(If yes give war or dates of service)	Dirth, m 11	a had	
ph hen nov	ID CARCE OF DEAT	TH (f-a-c	William W. W.	EZIEF)	APPROXIMATE INTERVAL
ding the ren	PART I DEATH	TH (Enter on y one cause per line for (a), (b), at WAS CAUSED BY		. 1	BETWEEN ONSET AND DEATH
ne death cer attending p permit. The	•	IMMEDIATE CAUSE (a)	PARDIA INFARCTI	bW .	1) James
at at per	Conditions House	DUE TO, OR AS A CONSEQUENT	CE OF	1. 10.	1 5 44
of the the motific	Conditions, if any, a r se to immediate	(a) (b)	unus Antro Vacco	ular Alstan	1) ye
trar cre	stating the underly		CE OF		
ysici ysici ned iol,	lost.	) (c)			<u></u>
NING PHYSICIAN: The low requires that the death certificate by the hospital or aftending physician.  Ifter this certificate has been signed by the attending physician be detacted for use as the burial-transit permit. Then pleas State Dept. of Health prior to burial, cremotion, or removal, and	PART 2 OTHER SIGN	VIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
PHYSICIAN: The low re he hospitof or attending this certificate has been elected for use as the EDept. of Health prior to	8				
s be	19a. DATE OF OPERAT	ION 196 CONDITION FOR WHICH OPERATION W	/AS PERFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The off	l li		YES NO 🔼	CAUSES OF DEATH?	
I or cate	210 ACCIDENT WAS			r nature of injury in Part 1 ar Part 2, I	tem 1B.)
THE STATE OF THE S	OR CONTRIBUTING (If either, notify me		19		
S PHYSICIAN: the hospitol or this certificate defocted for u		RED   21e PLACE OF INJURY ( AT HOME FARM, STE	SET FACTORY \ 216 LOCATION Street or P.F.D. No	. City or Town	County State
the definition of the control of the	While Not while at work	Corner Burbling, co		1	
rending hined by th R. After the build be de the Stote	22a. I certify !	bat (1) (this haspital) atlended the de	ceased from 2/30 . 196	0. ta 3/3//69 19	, that (I) (we) las
	saw the de	eceased alive an 3/30	19 <b>69</b> , and that in (my) (aur) an	inian death/accurred on the dal	e and haur and from the
Series Series		ted above, (I) (we) (d/d) (did nat) view	the body after death.		
W to D to the	22b. SIGNATURE	1. My	ATTENDING COL		ATT SIGNED
DIR be	ses!	J. Muchmon	TELEKEE PHYS.	DIRECTOR PHYS 13	ay juy,
AL AL	22d PHYSICIAN'S NAME (Type)	call Milk may	22e ADDRESS	-1 - C- 1/1/2	Ham's
TO HOSPITAL OR ATTENDING PHYSICI Poge 4 may be retained by the hospity TO FUNERAL DIRECTOR: After this certifical director, poge 3 should be defoched is should be filed with the Stote Dept. of	tware () the		27/1 QA/	THEAZI I THILL	KRIT YOUR
HO FUS Fou	23a BUR.A., CREMATION	23b. DATE 23c NAM	NE OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 4 4	REMOVAL (Specify)	4/3/69 Ce	dec Hill. Comt	Suttained	Mary land
VR A15 MAC.	24. FUNERAL DIRECTOR	ce Funeral. Ho.	DRESS 2Sa. REC'D E	2 1969 25b. REGISTRAR'S	SIGNATURE
30M REV TYCE	300 4Th	St N.E WASh,	DATAPR	2 1969 / Clim	en Judge.



1	04464	DIVISION OF VI	MARYLAND 3 TAL RECORDS, 301	W. PRES	TON STR	EET, BALT			1201	044	FO
				RTIFICA		DEATH	1			044	
ì [	ECEASED NAME First Type or print) Tammy	Pearl	M ddle Weese		Last			March 2,	1969	Year	<sup>2b</sup> HOUR P
3. 5	EX	4. RACE		5.	DATE OF BIR			6. AGE (In last birthe	years	IF JHOER 1 YEAR	IF UNDER 24 HRS.
	Female	Whit	е		12/2	//68		_	YRS.	MONTHS GAYS	
7a .cou	BIRTHPLACE (State ar foreign netry) Pid	75. CITIZEN OF WHAT	1	MARRIED [		KIED <b>K</b>		ity of DEATH Lnce Geor	ge's		Md.
10.	City or town of DEATH Cheverly	11 NAME give stree Prir	OF HOSPITAL OR INSTITUTO OR INSTITUTO OF HOSPITAL OR INSTITUTO OR INSTITUTO OF HOSPITAL OR INSTI	TION (fination	hospitol eral			PATION (Kind of wi orking life, even if		126 KIND OF INDUSTRY	BUSINESS OR
13a odn	USUAL RES DENCE (Where decease hissian) STAMMaryland	ed hydd, if institution		CITY OR TO	WN 1	YES NO		13e STREET AND NU 3360 Chi		Road	
	FATHER'S NAME First	M ddie	Last			IDEN NAME	First		Middle		Last
	Thomas	W Weese			(	Carol	Arbo	gast			
	. WAS DECEASED EVER IN U.S. ARM		social security no.	17 INFO		s W We	ese		Address Raini	er, Md.	
	18. CAUSE OF DEATH (Enter onl	v one couse per line fi	or (a), (b), and (c),)		·						MATE INTERVAL INSET AND DEATH
	PART 1 DEATH WAS CAUSED		ere Malnut	ritio	n and	Dehyd	rati	on			
	4-11	(o)	CONSEQUENCE OF								
	Canditians, if ony, which gave)			ation	of Hea	art.					
	rise to immediate cause (a), ( stating the underlying cause)	1 /	CONSEQUENCE OF								
	last.	(c)									
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO TI	ie terminal	DISEASE OR	CONDITIO	N GIVEN IN PART 1	(a)		
NO	19g DATE OF OPERATION 19b (	CONDITION FOR WHICH	OPERATION WAS PERFOR	DWED	20o AUTO	DC V2		20b. IF YES, WERE	FINDINGS (	ONSIDERED N.C	FRITIFYING
CERTIFICATION	THE DAIL OF CENTRON	CONDITION TOR WHICH	OF ERHIUM WAS I ERIUM	MELD	YES [X			CAUSES OF DEATH?		OH DERCE H	present trees
CERT	210 ACCIDENT WAS UNDERLYIN	G 215 TIME OF IN	URY	21c HOW			_	of injury in Part 1	ar Part 2,	item IB.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M A	lanth Day Year 19								
MED	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT	HOME FARM, STREET, FACTORY, ICE BUILDING, ETC.					City or Town		County	Stote
	22a. I certify that (i) (this sow the deceased a	is haspital) attend	ed the deceased i	from 2/	21	19.6	9_,1	ta_3/2_	, 19	69_, that	(I) (we) last
	sow the deceased al	live on 3/2	19	69, ond t	hat in (m	y) (our) op	inion d	eoth occurred o	n the do	ate and hour	and from the
١,	causes stated obove	i, (i) (me) (aid) (qi	not) view the bod	y offer det	otn.					DATE SIGNED	
	225 SIGNATURE	1)6	O. Im	DEGREE	ATTENDÍN PHYS	IG	MED DIRECTOR	STAFF [	7 "	DASE SIGNED	
1	22d. PHYSICIAN'S	- Van	well !!	Dotonic	22e. ADDI		JIKLCIOK	1073, -	<u></u> .L		
	NAME (Type) Patric	k A. Reard	on, M.D.				am-S	evern Ro	ad. S	Seabrook	ьм
230	BURIAL CREMATION. 236 F		23c NAME OF CEM	ETERY OR CR				LOCATION (City or T		(County)	(State)
	REMOVAL (Specify) Burial	ch 5, 1969		oln Ce				olmar Man		Pro Geo	Md.
24	FUNERAL DIRECTOR F. Gasch's	Done live	ADDRESS ttsville.	Nd.		2So. RES-D		7 1969 R	EQUIRER	SIGNATURE	coldin
	I . Udali c	CILD 11-7 CL	000122209			DATE		4 1000	U	(/	4.0





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04460 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institut an Residence before admission)
o. STATE MARYTAND b. COUNTY PRINCE GEORGE PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c CITY OR TOWN (If autside carparate Limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) FORESTVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS DN A FARM? YES NO The law requires that the death certificate be executed within remove carban DATE Month Year campletely DECEASED OF Welch filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED bigthd ay) Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. LSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? - 1, HI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address of JARIK. (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART 1. DEATH WAS CAUSED BY-INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? DIRECTOR: After this certificate 20a ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. JIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased fram. and that death accurred at 2145 AM, from causes and on the date stated above. saw the deceased alive on... 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR director, page should be filed 22d ADDRES 22c PHYSICIAN S O FUNERAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 235 DATE THEREOF 23d. LOCATION (City or Tawn) (State) (County) Suitland TREMANAL Specify) Cedar Hill Cemetery Maryland 3-13-1969 25b, REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR Wilhelm Funeral Home VR A15 (4) 4308 Suitland Road Suitland Maryland





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04462 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle 20. DATE KNOWN Month 116-6AS (Type or Print) ESTI Whitehead Poge Eugene DEATH MATED TO 6 AGE (In years FUNDER YEAR IE LADER 24 HRS. 3 SEX 4 RACE DATE OF RIRTH DATE PRONOUNCED DEAD 2d\_HOUR los buthday) M 1069 Doy Year MARRIED ANEVER MARRIED 70 BIRTHPLACE (State\_ar fareign 9. COUNTY OF DEATH Office olong with form Give Poges 1, COURTEY) 5 Prince George WIDOWED [ DIVORCED [ 120 USUAL OCCUPATION (Kind of work dane 125 KIND OF BUSINESS OR adding most of working his soon in terret in INDUSTRY 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Riverdale Leland Hospital 130. USUAL RESIDENCE (Where deceased Wed, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 36 COUNTY Anne A admission) STATE ond 2 IS MOTHER'S MAIDEN NAME 34 FATHER'S NAME First HITEHEAD 4 should be forwarded to the Chief Medical Examiner's 16b. SOCIAL SECURITY NO (Yes, no, or unknown) 1944-1946 certificate should be executed within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Hemo ericardium IMMEDIATE CAUSE (a)\_ Hrs. DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave Laceration of aorta nse ta immediate cause (a). icate, writing the word DHE TO OR AS A CONSEQUENCE OF stating the underlying cause C Trauma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART No. 0 50 or removal, nsed 19a. DATE OF OPERATION 20 AUTOPSY7 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES TO NO TO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21a EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Day Year 3 should PRIMARY (XX) OR CONTRIBUTING . cremation, Tripped over hose while fighting house fire 1:20 pm CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn FUNERAL DIRECTOR: Poge factory, affice building, etc.) WHILE AT WORK AT WORK Prince George Co. Md. Laurel 2nd St 22a. I certify that I tack charge of the remains described above, held an Autopsy 2, Inspection 3, Inquiry X, and in my apinion death resulted fram: /Accident X Suicide [ Matural causes Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE John Kehde, M.D., Riverdale DEPUTY MEDICAL EXAMINER 3 5 may 1 10 FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, fawn, or county) 23a BURIAL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 2Sa REC'D BY REGISTRAR 25b REGISTRAR S SIGNATUR

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE		04469 DIVISIO			ESTON STREET, BALTIMORE, I 'S CERTIFICATE OF DE		04463
HEALTH DEPT		ECEASED-NAME Fire	i	M. ddle	lost	2a DATE KNOWN M	onth Day Year 25 HOUR
y delay is 2, and 3 to PM3. Page portment of	1	Type or P==1)	* Aron	R	Wikander	OF ESTI- DEATH MATED) 3-	24-69 19 1:00pm
Pa Pa Pa	3 9		S DATE OF BIRTH	6. AGE	n veers IF JNDEK YEAK IF UNDER I	4 HRS 120 DATE OPPONICHMEN DE	10 10140
and and was the man		Male White	12-25-190	ost bir	thdoy) MONTHS DAYS HOURS	Min. Manth Pay	69 Year 197:35pm M
		BIRTHP_ACE (State or foreign	76 CTIZEN OF WHAT		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	7
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orth 1 oge 1	10	ITY OR TOWN OF DEATH			ITUTION (If not in hospitar 12a U	SUAL OCCUPATION (Kind of work d	one 12b KIND OF BUSINESS OR
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fer and series of the ferminal	130	USUAL RESIDENCE (Where deced	sed lived, if institution	Residence before	C. CITY OR TOWN 130 INSIDE CITY .	MITS? 136. STREET AND NUMBER	
s after 18 Gi e olanç 2 with death	_ °	dmission) STATE Mary Land	Prince	George's	Camp Springs YES N	5305 Middle	ton Lane
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thin 24 haurs after danoth and in Item 18 Give Pages 1, and in the state Department and 2 with the State De hours after death		WAS DECEASED EVER IN J.S. ARMED		SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	Balt. Md.
within 24 haurs after daath in pentil in Item 18 Give Pages ExaminerisaOffice alang with fair file pages land 2 with the State in 72 haurs after death	L'	es, no, or shiridwin) (it yes giv	wat or dates of service)		Ragnhild Lar	ig.(Dau). 290	l- Andorra Ct.
should be executed write word 'pending' in per the Chief Medical Exarturial-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter o	y one couse per line f	or (a), (b), and (c))	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed 'pending' in iief Medical B ansit permit. I event within		PART I DEATH WAS CAUSE	D BY: ATE CAUSE (6) CO	ronary ar	tery occlusion, r	ight coronary a	
exe and Me Me		41.			Coronary arterio		
hief nonsi		Canditians, if any, which gave rise to immed ate cause (a),	(6)			disease	unknown
ord ord ord ord ord		stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF			
should be e ne ward 'per o the Chief I burial-transit		last.	) (c)				
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rithrand vard of a conf.	증	190 DATE OF OPERATION	Trok	CONDITION FOR WHI	CIL ODERATION.		20. AUTOPSY?
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MAKTLAND STATE DEPAKTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH

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no a	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9, COUNTY OF DEATH	
d in	_	Mass.	USA	WIDOWED 🔀 DIVORCED 🗔	Prince George	Md.
ATENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death stained by the hospital or attending physicion.  CTOR: After this certificate last bleen signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 2 terms of ther death in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 terms of the death		CITY OR TOWN OF DEATH Hya' tsville	Carroll Mar	or Nursing home	JAL OCCUPATION (Kind of work done mast of warking life, even if retired.)  housewife	126 KIND OF BUSINESS OR INDUSTRY
plet corl ent,	13o	USUAL RESIDENCE (Where decear	sed lived, if institution: Residence before	re 13c CITY OR TOWN 3d INSIDE CITY	LAMPS? 130 STREET AND NUMBER	
5 500	-	Masse	Surfolk	Boston YES	TEO PAR PART B	VO.
old ee ex	14	FATHER S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
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The law re attending attending se as the th prior to b	CFRTIFICATION	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS		20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	NS.DERED IN CERTIFYING
E E E E		21a. ACCIDENT WAS UNDERLYII	NG 216 TIME OF INJURY	YES NO E	er nature of injury in Part 1 or Part 2, Ite	103
MAN ol o ficot far Hee		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Ye	ear	er noture at injury in Part 1 of Part 2, 116	sm (o)
rsic ospit certi hed it. of	MEDICAL	(If either, notify medical examinated 121e.	PLACE OF INHURY LAT HOME, FARM, STREET	FACTORY.) 21f LOCATION Street or R.F.D. N	o City or Town	County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be exerted to the hospital or attending physicion.  O FURRAL ELECTOR: After this certificate las been signed by the attending physician and additional property page 3 should be detached for use as the burial-transit permit. Then prease remo should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any contraction or removal.		While Nat while	OFFICE BUILDING, ETC	, , , , , , , , , , , , , , , , , , , ,	·	,
ibing d by t After d be c		22a. I certify that (1) (th	ils haspital) attended the dece	ased from NOV. 29, 19 19 1, and that in (my) (aur) open bady after death	inion death accurred on the date	e and hour and from the
TEN ined ould the		causes stated above	e((I))(we) (did) (did not) view t	ne bady after death.	on on account of the son	ond froot ond nom me
A S S S S S S S S S S S S S S S S S S S		225. SIGNATURE	= 0.000	MAD ATTENDING	MED STAFE CO 220 DA	ATE SIGNED
be de 3	L	Robert	1, Debth		MED STAFF DIRECTOR PHYS. D 3-	18-69
HOSPITAL OR ATTEN ge 4 may be retained FUHIRAL EVECTOR: rector, page 3 should hould be filed with the		22d PHYSICIAN'S NAME (Type) Dobow	t R. Dibble . M.D	22e. ADDRESS 3632 Go	. Ave., N.W. Wash,	D.C.
A 4 ctor	07	WOD 91.		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	
TO HO Poge direc	230			lope Cemetery	Boston, Mass.	(Caunty) (State)
= =	24		G McGuire ADDR		BY REGISTRAR 25b, REGISTRAR'S S	IGNATURE
VR A15 (4) 30M REV, 1/68	It	of M. M.	Anne 1820	-9" Dt. M. W. DATEMAF	2 1 1969 Julian	An Vardak .



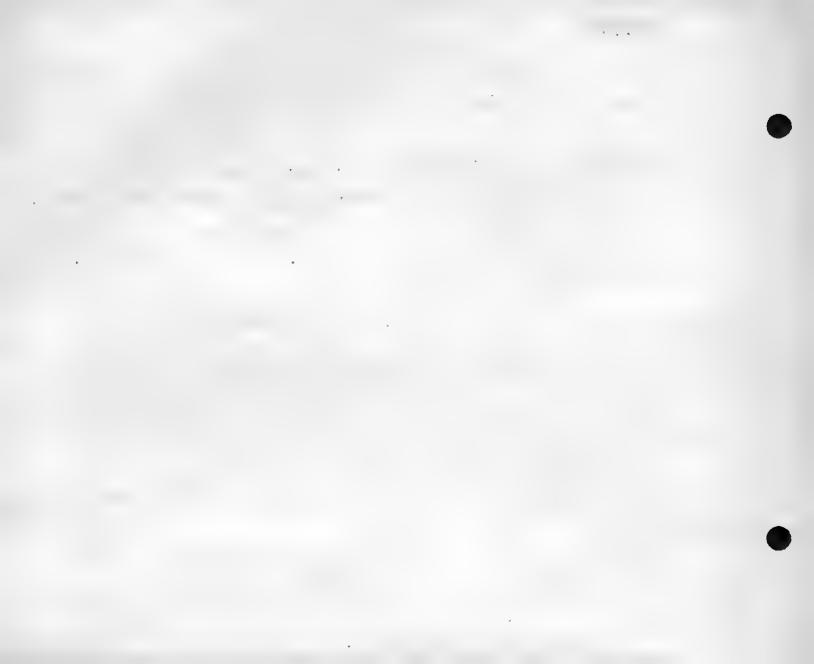
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	467
HEALTH DEPT.		Year 2b HOUR
ny delay is 2, and 3 ta PM3. Page	1 DECEASED-NAME   First   Middle   Lost   20 DATE KNOWN   Month Day   OF ESTI-   OF ESTI-   DEATH MATED   3-31-69	
Page ent	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (th years F UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
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epp 177	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? IR MARRIED BY NEVER MARRIED BY MARRIED	
within 24 haurs after death profession of the state of th	(auntry) Utah U.S.A WIDOWED DIVORCED Prince George's	Md
24 hours after death in Item 18. Give Pages r's Office along with fa	. 110 CITY OR TOWN OF DEATH 111 NAME OF HOSPITAL OR INSTITUTION (If not in base tol. 120 1958 a. OCCUPATION (Kind of warr done 1126 K	IND OF BUSINESS OR
g w	Cheverly Prince George Hospital Housewile On	on Home
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d2v	Maryland Prince George's Takoma Park YES NO Glenside Dri	ve
haur Item Office I and 2	14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
ncii han 24 pages hours	Barrell Kenney  166 WAS DECEASED EVER IN . S ARMED FORCES?  166 SOCIAL SECURITY NO 17 INFORMANT  ADDRESS	arris
	(Yes, no. or unknown) (If yes one was or dates of service)	M2 .
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ding ding Neding	PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Hemorrhagic shock  DUE TO, OR AS A CONSEQUENCE OF Multiple fractures	
e e e e f A ef A sit ven	Conditions, if ony, which gave a	
auld b ward ' he Chi ial-trar	rise to immediate cause (a), (10)————————————————————————————————————	
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icate shauld be executeding the ward "pending" ided to the Chief Medical as a burial-transit permit.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.BJTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
<b>CAL EXAMINER:</b> This certificate shauld be executed with n execute the certificate, writing the ward "pending" in pending are Page 4 shauld be farwarded to the Chief Medical Examine of far your files. <b>TOR:</b> Page 3 shauld be used as a burial-transit permit. File page in the page of the page o		
arwar used mava		20 AUTOPSY?
his ate, or fa	WAS PERFORMED?	YES NO PQ
the de	2.0. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY COCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 HOUR A M	)
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MIN the 4 st	21d NJURY OCCJRRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town (out white more white m	nty State
ity blease execute the certing director. Page 4 shauld be retained for your files. AL DIRECTOR: Page 3 shou prior to build, cremotion,	at work Mark Art Brock Bridge Rd. 3000ft. N. of St. Rt 197. Anne Aruhdel Co	Md.
AL December 1	220 I certify that I rook charge at the remains described above, held an Autapsy , inspection [X], inquiry [],	and in my apinian
Se escription in the control of the	death resulted fram. Natura causes ( ) Accident (3): Suicide ( ), Hamicide ( ), Undetermined manner (	
dire dire etoi or t	ACTUAL CHIEF MEDICAL EXAMINER	
ny. ry. ry. eral be r RAL	SIGNATURE ZZO DATE SIGNET	
TO DEPUTY BICAL EXAMI necessary, please execute the the funeral director Page 4 is may be retained for your TO FUNERAL DIRECTOR: Page. Health prior to build, crem	EXAMINER'S  NAME (Type)  Lohn Kelnoe MD  Risterdale  Md  ADDRESS(Street, city, town, or county)	5.7
TO D The S	NAME (Type) John Kehoe MD Riverdale Md. ADDRESS(Street, city, town, or county)  230 29UR.AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	'y) (State)
F F	Burial 4-3-1969 Rational Mem. Park Falls Church. Fai	. ,
	24. FUNERAL DIRECTOR  ADDRESS 1250 REC'D BY REGISTRAR 25 BONAT	
VR A15ME (5) 10M REV 1/68	Pearson's Funeral Home, Falls Courch, Va DATE APR 7 1989 Icharle	
10/41 ME T 17 OU		A

MAKILANU STATE DEPAKTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04468 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 25. HOUR be executed within 24 haurs after death (Type or print) Month Dorothy Α. Wilson March 969 7:05AM 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR and campletely filled in by the fremove carban papers. Page last birthday) DAYS MONTHS HOURS TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs at Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Page 3 should be state Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs a Female White 10-02-31 37 70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED A NEVER MARRIED country) USA DIVORCED [ WIDOWED [7] Prince George's 10 CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince George's Gen. Hosp during most of working life, even if retired) INDUSTRY Cheverly Bookeeper Title co 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY , 44 TS? admission) STATE Prince George's Hyattsville NO 🗆 4208 Jefferson 14. FATHER'S NAME M ddle Last IS. MOTHER'S MAIDEN NAME First Ray F Whitted Dorothy Rogers 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) Calvin R. Wilson Hyattsville, Md. 264 406 854 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) ANCIMEN DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AJTOPSY? CAUSES OF DEATH? YES 🖂 NO [ 210 ACC DENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of mjury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOLR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this those tot) attended the deceared from \_\_\_\_\_\_\_, 19 64, to\_\_\_\_\_ saw the deceased alive an \_\_\_\_\_\_\_, 170 \_\_\_\_\_\_, and that in (my) (XX) apinian deat \_, and that in (my) (Viv) apinian death occurred anothe date and haur and fram the causes stated abave, (1) (bye) (ad not) view the pody after death. 225 SIGNATUR 22c DATE SIENED ATTENDING DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (Store) REMOVAL (Specify) Mar 24, 1969 Cedar Hill Cemetery Suitland Pro Geo Md. 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE ADDRESS Gaseh's Sons Morting Jungor Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04469 funeral and 2 and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Insultation: Residence before admission) b. COUNTS MARYLAND b. CITY OR TOWN (if cutside corporate limits) c. LENGTH OF STAY IN 1b filled di d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, we street address) rbon papers within 72 | ON A FARM? YES . completely to 3. NAME OF Middle DECEASED DEATH in any event, (Type or print) 5. SEX DATE OF BIRTH ARE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last blighday) | Months | Days | Hours | Min. 6. COLOR OR RACE NEVER MARRIED and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA tificate The pl attendi transit permit. IN U.S. ARMED FORCES (Yes, no, for unknown) (If yes give war or dates of service) Art Warz INTERVAL BETWEEN ONSET AND DEATH CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c), ] signed by DEATH WAS CAUSED BY: IMMEDIATE CAUSE **DUE TO** Conditions, if any, which been gave rise to immediate DUE TO TO HOSPITAL DAY TO THE POSPITAL DAY TO FUNERAL DIRECTOR. After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior t cause (a), stating the angina underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20a. ACCAPENT WAS (INDERLYING LI OR CONTRIBUTING (I/CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL (XAMINER) 206. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 22 M, from the causes and on the date stated above. DATE SIGNED 22a ATTENOING' PHYS. STAFF M.D. DIRECTOR YSICIAN ADDRESS NAME (Type) CHMELERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) Rock Creek Cemetery Burial Washington. D.C. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 1969 VR A15 (4) N.W. Wash. D.C. 20016 15M 4-64







MARYLAND STATE DEPARTMENT OF HEALTH 04472 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month Dov (Type or Print) OF ESTI-169 28 Norman Woods ny delay IF UNDER 1 YEAR IF JNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOCINCED DEAD 2d HOUR Negro 1-15-1914 55 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED F Prince George WIDOWED [ Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital haurs ofter death 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR alang with Prince George Hostyring most of working I te, even if retired) give street address) Cheverly 130 USUAL RESIDENCE (Where deceased lived, I institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER death admission) STATE 13b/ COUNTY ₹ Bennet Placd Baltimore YES THE NO 1.013 4 should be forwarded to the Chief Medical Examiner's Office after 14. FATHER'S NAME F-rst M ddie IS MOTHER'S MAIDEN NAME First Middle Lost WOODS SIMMONS CATHERINE hours pencil in 160 WAS DECEASED EVER N . 5 ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no. or unknown) (DAUGHTER) 516 9th st. MRS JOAN MOORE APPROXIMATE INTERVAL This certificate should be executed B CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Heart failure IMMEDIATE CAUSE (b). DUE TO, OR AS A CONSEQUENCE OF Hypertensive aeteriosclerotic heart disease over 2 Conditions, if only, which gave rise to immediate couse (a). the certificate, writing the ward years DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ⊆ 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) remaval, be used o 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO [X YES 🖂 3 should t 5 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) PRIMARY TOR CONTRIBUTING HOUR A.M. SICAL EXAMINER: CAUSE OF DEATH 21e PLACE OF INJURY (At home, form street, 21d. NJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County Stote factory office building, etc.) 5 may be retained for your IO FUNERAL DIRECTOR: Page Health prior to burial, crem WHILE NOT WHILE T 22a I certify that I taak charge of the remains described above, held an Autapsy ... Inspection x. Inquiry 1c. and in my opinion deoth resulted from Natural couses Affident | Suicide [ Homicide Undetermined monner CHIEF MED.CAL EXAMINER ACTUAL 22b DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 3-29-69 DEPUTY MEDICAL EXAMINER (30) John Kehoe, L.D., Riverdale **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23b DATE 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote) 4-2-69 CARVER MEMORIAL LAUREL, PR MD 2SO REC D BY REGISTRAR 25b REG STRAR S SIGNATURE VR A15ME [5] SNOWDEN ROCKVILLE, MMD 10M REV 1/68

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· 1 1		4473
	CERTIFICATE OF DEATH	
€ =2±	1. DECEASED-NAME First Middle - Lost 2a. DATE OF DEATH (Type or print) Month Doy Ye	2b. HOUR
e te	RITA GEORGIA YEAGER MARCH 5 196	9 1915нК
E	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Is under I last birthday) MONTHS	1 YEAR 1F UNDER 24 HRS.  GAYS HOURS MIN.
The state of the s	FEMALE WHITE (CAU.) 7 Nov. 1902 66 YRS.	OK 13 HOURS MIN.
our your	70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and earth filled in by the fineral should be detached for use as the burial-transit permit. Then please remave carban papers. Pages of a sith the State Dept. at Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death	MIDDINED TO DIVIDECE TO	Md.
be executed within 24 hours after death.  and completely filled in by the fameral remove carbon papers. Pages 7 ord 2 in any event, within 72 hours ofter death.	The Mark Control of the Control of t	IND OF BUSINESS OR
ban ban	ANDREWS AFB MALCOLM GROW USAF HOSP  130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c City OR TOWN 13d, INSIGE CITY LIMITS? 13e, STREET AND NUMBER	
in de la		-
5 2 6	admission) STATE 136. COUNTY PRINCE GEORGE OXON HILL YES NO 5201 MANOR DRIVE	12
	14 FATHER'S NAME First Middle lost IS MOTHER'S MAIDEN NAME First Middle	Last
5 E	Herman Werner NOT APPLICABLE NOT APPLICABLE Mattie England	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican by director, page 3 should be defached for use as the burial-transit permit. Then please is should be filed with the State Dept. at Health prior to burial, cremation, ar remayal, and in	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address	
d, al,	Yes, na, or unknown) (if yes give war or dotes of service) 300-1816-99 LT.COL. JOHN A. YEAGER (SON)-SAME AS	No. 13
		APPROX MATE INTERVAL ETWEEN ONSET AND DEATH
. Le	PART J. DEATH WAS CAUSED BY:	
E 2	FIGO MATERIAL CHOIC (0)	1 117-2
tion the	Canditions, if any, which gave)  Due TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave)  (b) C-I. Nethon AN AFE & SEPTICE AT A	3 DAYS
IISI DILI	rise to mmediate couse (a), (b)	3 0.173
tr. 2.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng .	2122	
71 70	LUEUTATIC NAPOT VISCONORIOS POR WILL CONFORMAN TO ALTODOVO TON HE VEC WEDE ENDINGS CONFORMED	D IN CEDTISVING
<u> </u>	190 DATE OF OPERATION 196 CONDITION FOR WH CH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? CAUSES OF DEATH? 21d ACCIDENT WAS UNDERLYING 121b TIME OF NURY 121c HOW INJURY OCCURRED (Enter noture of Injury in Port 1 or Port 2, Item 18.)	U IN CERTIFIENG
= /	3, Jan 69 Prostlesis Chip YES I NO CAUSES OF DEATH? NO	
3 1		
3	(If either, natify medical examiner) P.M. 19	
		State State
	While Nat while at wark of wark	
5	22a. I certify that (1) (this hospital) attended the deceased fram 16 Ve , 1965, to 2 = 15 (17,5 px/419 65), sow the deceased of ve on 1965, and that in (my) (our) opinion death occurred on the date and	that (1) (we) last
9	sow the deceased of ve on 3 MARSK 1960, and that in (my) (our) opinion death occurred on the date and causes stated abave, (1) (we) (did) (did not) view the body after death.	havr and from the
Ē		NCD.
× >	22b SIGNATURE 22c. DATE SIGN	(C
90	DEGREE PHYS DIRECTOR PHYS DISTOR	26)
90	22d. PHYSICIAN S NAME (Type) LEONARD R. FARBER  22e. ADDRESS Malcolm Grow USAF Hospital Andr	ews AFR MD
2		
	23a EMPA. CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	
V)	Arlington National Arlington, Virgin	ia
CARI	24. FUNERAL DIRECTOR ROBert E ROBert E ROBert E ROBert E ROBert E ROBert E ROBERT S REGISTRAR S REGIST	andge.
EN TYPE	2308 Suitland Rd., S.E., Suitland, Md., 20023 DATE WITH TO 1309	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04474 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20 DATE KNOWN 2b HOUR Year (Type or Print) DEATH MATERY 3-13 1911:00am Yezek KAZXXX Leah Leona 4. RACE 6 AGE (in years IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 5 DATE OF BIRTH HOLRS 690 19 6: 40pmm 11-4-1910 58 White YRS Female 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) Pa. USA WIDOWED X DIVORCED [TT] Prince George's Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working [fe\_even if retired] INDUSTRY give street oddress) Prince George Hospital Housewife Cheverly Office afforg 3d INSIDE CITY LAN TSP 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE 13b COUNTY in Item 18. YES NO M 5030 Oakcrest Drive Prince George's Oxon Hill Yanvland 24 hours after pages land 14. FATHER'S NAME 15 MOTHER S MAIDEN NAME Naomi Whetzel Unknown hours the Chief Medical Examiner's in pencil i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS executed within (Yes, no, or µpkgown) Ronald F. Yezek Same as Item File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY. "pending" IMMEDIATE CAUSE (6) Asphyxia Hanging DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nse to immediate cause (a). This certificate should please execute the certificate, writing the ward DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause 2 should be farwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal CERTIFICATION nsed 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗀 NO 1 215 T ME OF INJURY Month, Doy, Year 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY A OR CONTRIBUTING HOUR A.M. EXAMINER: buriel, crematian, CAUSE OF DEATH 11:00/am 3-13-19 69 Hung self at home 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F.D. No. Eity or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK AT WORK same as #13 Home 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X. Inquiry [ and in my apintan death resulted fram: Natural causes [ Accident -Suicide Tr. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FO FUNER Health 3-17-69 DEPUTY MEDICAL EXAM NER Riverdale, Md. Thn Kehoe MD **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL CREMINION (State) 3-17-1969 Fairview Cemetery Mt. Pleasant. ADDRESS Wash DC 25b REGISTRAR'S S GNATURE 250 REC'D BY REGISTRAR 1661 Good Hope Rd SE VR A15ME (5) 10M REV. 1768



U448		from birth cer			IMUKE, MAKI	LAND ZIZUI	044	75
DECEASED-NAME     (Type or print)	First	Middle Robert Baby Boy		lost Young	20. DATE OF D	EATH Manth Day	Y 69 Year	26. HOUR a
3. SEX		Cauc.		03-08-69		5. AGE (In years last birthday)	IF LINGER I YEAR MOINTHS DAYS	IF UNDER 24 HRS. HOURS MIN 1 39
70. BIRTHPLACE (Sta country) Md.		CITIZEN OF WHAT COUNTRY?	WIDOWED [	NEVER MARRIED DIVORCED	9. COUNTY OF D	EATH Prince G	George's	Md.
	erly	11. NAME OF HOSPITAL OR give street address Prince Geo	rges Gen.	Hosp . during m	ast of warking lif	Kind of wark dane ie, even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
admissian) STATE	Ma. 1	yed, if institution: Residence befo Bb. COUNTY Prince Georges	13c, CITY OR TO	WN 13d. IMSIDE CITY L	9109	et and number 4th Stre	et	
	First  [ames  EVER IN U.S. ARMED 1  Will   (If yes give worder	Middle Last Foy Your FORCES? 16b. SOCIAL SECURI		other's maiden name i Shar RMANT		Middle Elizabet Address	ch	lost Hall
Canditians, if c	DEATH (Enter only or EATH WAS CAUSED BY IMMEDIATE C sny, which gave liate cause (a), aderlying cause	AUSE (a)  DUE TO, OR AS CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE	ofalure	cal cal	ndr.			ATE INTERVAL SET AND DEATH
19a. DATE OF OUR STANDARD OF S	PERATION 195. CONI  WAS UNDERLYING  NO CAUSE OF GEATH  y medical examiner)	DITION FOR WHICH OPERATION WAS  21b. Time of Injury HOUR A.M. Month Day YO P.M.	PERFORMED 21c. HOW	20g. AUTOPSY?  YES NO NO NOTE:	2Db. IF YI CAUSES O	ES, WERE FINDINGS C OF DEATH? in Part 1 ar Part 2,	Item 18.)	
While Not	fy that (I) (this h be deceased alive stated abave, (I)	CE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  aspital) attended the dece an (we) (did)(did nat) view the			, ta inian death ac	225	DATE SIGNED	(I) (we) last
22d. PHYSICIAN NAME (Ty	Jase 15	Falo, M.D.	DEGREE	ATTENDING PHYS. 22e. ADDRESS Prince Ge		STAFF PHYS.	3-10-	(e)

MAKTLAND STATE DEPARTMENT OF HEALTH

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	04482	DIVISION OF VITAL RE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM  CERTIFICATE OF DEATH				1144/6		
Ī.	DECEASED-NAME (Type or print) W1	First Mid. 111e J		oung	20.	DATE OF DEATH Month	30,	<sup>Y</sup> 196 <sup>y</sup> or	7:30 M
1	Male Male	4. RACE Negro		S. DATE OF BIR 6/9/1		6. AGE (II	hday) YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
1	o. BIRTHPLACE (Stote or foreign ountry) <b>South Carolina</b>	U.S.A.	WIDOV		(ED   P	unty of DEATH rince Ge			Md
1	Clenn Dale	give street address	ITAL OR INSTITUTION  Dale Hosp	ital	crane O	UPATION (Kind of v working life, even perator	if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
7 00	dmission) STATE D.C.	ecoosed lived, if institution: Residen			YES NO NO	13e. STREET AND 1		St., N.	1.
L	4. FATHER'S NAME First  James		Lost	15. MOTHER'S MAI	DEN NAME First		Middle	Blakle	Lost
1	60. WAS DECEASED EVER IN U.S. Yes no or unknown) (If yes	and a super an electric of least lead	SECURITY NO.	Deceder	nt		Address		
		MEDIATE CAUSE (o) PTO DELOI	e acute	nyocardia	l infarc	tion (cli	nical	BETWEEN OF	AATE INTERVAL NSST AND DEADH den
	rise to immediate couse (	Conditions, if ony, which gove tise to immediate cause (a).  Coronary artery disease  (b)  DUE TO, OR AS A CONSEQUENCE OF  COPONARY ARTERY DISEASE							rs
	fost.	ground the purestying copset							rs
	Dulmonome	tuberculosis							
The state of the s		19b. CONDITION FOR WHICH OPERATION		20a. AUTOP	NO 🗌	20b. IF YES, WERE CAUSES OF DEATH	?		RTIFYING
	G CAUSE OF C	FOEATH HOUR A.M. Month D (cominer) P.M.	oy Year	c. HOW INJURY OCCU		e of injusy in Port I	or Part 2,	Item 18.)	
1	While Not while at work			f. LOCATION Street		City or Town		County	Stale
	22a. I certify that (\$) saw the decease causes stated ab	(this haspital) attended the dalive an 3/30/ pave, (%) (we) (did) (did) (did)	deceased from 19 <b>69</b> , riew the bady aft	3/5/ and that in (孫) er death.	, 19 <u><b>69</b> ,</u> ¶(aur) apinian	ta3/30, death accurred	<b>69</b> , 19 an the de	that ate and haur	(*) (we) last and fram the
	22b. SIGNATURE  22d. PHYSICIAN'S	Mit Wen		DEGREE PHYS.	DIRECTO	THE PARTY OF THE P		3/30/69	
	NAME (Type)	ioe Weiss, M.D.			Glenn	Dale Hosp Dale, Man	yland	đ	
	30. BURIAL, CREMATION, REMOVAL (Specify) 4. FUNERAL DIRECTOR	23b. DAJE # 1969 23c.	NAME OF CEMETERY ADDRESS	MONY		LOCATION (City of	VER	(County)	(Store) (SAND)
1	W. ERNES	- NAPVIS CO	14/32	U 55 NIST	DATE APR	7 1969 25b.	Total	The state of the s	8

MAKILAND STATE DEPARTMENT OF HEALTH

